FY2014

End Neglected Tropical Diseases in Africa

End in Africa

Annual Work Plan

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FHI360

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End Neglected Tropical Diseases in Africa Work Plan FY2014

Contents

Acronyms and Abbreviations

AFRO	Regional Office for Africa of the WHO
AOTR	Agreement Officer's Technical Representative
APOC	African Program for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
CB	Capacity Building
CHW	Community Health Worker
CNTD	Liverpool Center for NTDs
EMMP	Environmental Management and Mitigation Plan
END	End Neglected Tropical Diseases
FOG	Fixed Obligation Grants
GAELF	Global Alliance for the Elimination of Lymphatic Filariasis
GIS	Geographic Information System
GHS	Ghana Health Service
HD	Health District
HDI	Health & Development International
HKI	Helen Keller International
HQ	Headquarters
HRA	High-risk Adults
ICCC	Intra Country Coordinating Committee
ICT	Immune-chromatographic Test
ITI	International Trachoma Initiative
JAF	Joint Action Forum
JSI	John Snow Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Manu River Union
NGDO	Non-governmental Development Organizations
NGO	Non-governmental Organization
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
NTDP	Neglected Tropical Diseases Program
Oncho	Onchocerciasis
ONPPC	National pharmaceutical and chemical office (acronym is in French)
PCT	Preventative Chemotherapy
PD	Program Description

PMT	Program Management Team
Pre-TAS	Preliminary Transmission Assessment Survey
PZQ	Praziquantel
QA	Quality Assessment
RFA	Request for Application
RPRG	Regional Peer Review Group
RTI	Research Triangle Institute International
SAC	School-age Children
SAE	Serious Adverse Event
SCH	Schistosomiasis
SCM	Supply Chain Management
SOP	Standard Operating Procedures
SOW	Scope of Work
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TOT	Training of trainers
USAID	United States Agency for International Development
USG	United States Government
WAHO	West African Health Organization
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WP	Work Plan

Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded FHI360 Cooperative Agreement No. AID-OAA-A-10-00050, End Neglected Tropical Diseases in Africa. The award is funded by USAID's NTD program, and will contribute to the program's goal of reducing the prevalence of seven NTDs by at least half among 70 percent of the world's affected populations. The five-year award is designed to support Ministries of Health (MOHs) and other government entities as they scale up integrated control programs and the delivery of preventive chemotherapy (PCT) for the following 7 NTDs: Lymphatic Filariasis *(elephantiasis)*; Schistosomiasis (*bilharzia; snail fever)*; Trachoma *(blinding eye infection)*; Onchocerciasis *(river blindness)* and three Soil-transmitted helminthes (intestinal worm infections).

The project supports national NTD program efforts to implement and scale-up integrated NTD control programs in Burkina Faso, Ghana, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). FHI360 awards and manages grants to organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. As a general NTD country program rollout approach, "MOH-led meetings" are organized on an annual basis to enable the development of USAID-funded Annual Work Plans based on progress made to date, constraints, identification of potential partners and delivery platforms for PCT, and any additional donors and partners. Sub grantees and the FHI360-led team support the conveyance of these MOH-led meetings and utilize the platform to spell out the roles and responsibilities of the various USAID partners.

End in Africa is implemented by FHI360 through the execution of first-tier sub agreements with competitively selected NGOs to support MOH/NTDCP on completing the major activities and tasks outlined below. Selected sub grantees are:

- Helen Keller International (HKI) for Burkina, Niger and Sierra Leone.
- Health & Development International (HDI) for Togo.

FHI360, through its country office and the regional End in Africa team in Ghana, will provide direct implementation support to the GHS NTDP starting 1st November 2013.

Second-tier sub agreements are then signed between FHI360's sub grantees and MOHs in order to flow down resources and technical support to ensure a sound implementation of NTD country plans and MDAs. Approval has been granted for first-tier NGO sub recipients managed by FHI360 to enter into second-tier sub agreements with the MOH in all selected countries. New USAID guidance instructs FHI's first-tier sub recipients to employ Fixed Obligation Grants (FOG) to provide financial resources and management for the activities undertaken by the MOHs' National NTD Program in each country.

Sub grantees partner with the MOHs to provide services required by the National NTD program to support safe and effective mass drug treatment nationwide. The very large scale of the National NTD program justifies the utilization of existing government networks for implementation of the program. Partnering with MOHs is also consistent with the vision of USAID Forward to use technical assistance to build sustainable capacity in countries, and to use host country systems where it makes sense. These partnerships will promote country ownership, build local capacity, foster sustainability, use well-established channels to implement NTD control programs, and provide an efficient and cost-effective approach to implementing large, national-scale mass drug treatment programs that require the active participation of local government.

Since End in Africa countries were among the fast track countries, they have nearly provided equal or more than the minimal number of rounds of MDA required for each NTD. Consequently according to WHO guidelines, our countries are entering into a process of assessing the impact of the MDAs conducted. Though it is expected that there will be variations among countries in terms of achievements, the country programs may enter into a new phase that focuses on surveillance, and morbidity management in some cases, which will require a rebalancing of priorities within End in Africa. The END countries will also have to think of innovative ways of maintaining achievements in the control and elimination of trachoma, schistosomiasis and STH, since transmission of those diseases is highly related to environmental and socioeconomic conditions. Such efforts should include that NTD national control programs develop synergies with WASH projects, behavior change promotion activities, and public poverty alleviation programs implemented within the communities. This transition into new phases should be reflected in the forthcoming countries work planning sessions for FY2015, and will be taking shape with the execution of FY2014 activities.

Main Activities

Issuance and Management of Grants

FHI360 will be proactive in ensuring all activities supported by the project are closely aligned with each government's NTD needs and schedules in implementing integrated NTD control activities to increase government ownership and build upon existing platforms. Of the USAID funding allocated to End in Africa, at least 80 percent will support in-country activities to assist scale up of integrated PCT and related M&E activities in Burkina Faso, Ghana, Niger, Sierra Leone and Togo in FY2014.

The in-country work planning sessions of USAID funded activities for FY2014 were completed between May and July 2013 for all countries. In FY2014, the FHI360-led team will execute the following major activities in support of sub grantees and MOHs:

- Support MOHs and sub grantees in the implementation of FY2014 work plans in all countries. FHI360's detailed implementation plan for Ghana is presented in the attachment 1. Summaries of the approved work plans for the rest of the countries are presented in attachments 2 to 5.

- Execute additional costs extensions of the existing sub agreements up to the life of the project for End in Africa. The new budgets will be structured according to the requirements of Fixed Obligation Grants (FOG) mechanism to manage the second tier sub agreements between sub grantees and the MOHs.

- FHI360 through its country office and the regional End in Africa team in Ghana will undertake direct implementation support to the GHS NTDCP starting November 2013. To facilitate a smooth transition from the current implementing partner and address the increased workload for the Ghana scope, FHI360 is assimilating the core team that has been supporting GHS since the inception of the NTD program in country. Furthermore, a detailed plan of action (week by week) for September and October 2013 has been developed to facilitate the transition. FHI360 will actively support the implementation of this detailed 2-month plan and gradually take over coordination of project activities towards the end of the 2-month period. This will ensure a smooth transition and prevent any negative impact on the implementation of NTDCP activities.

- Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2015 with the participation of the sub grantees, USAID, FHI360 and other key stakeholders. Ensure that grantees' annual work plans and budget schedules support the MOH plans, MDA cycles and M&E activities. Country work planning sessions are scheduled as follows[1]:

[1] We will liaise with USAID and sub grantees to review the work plan and semi-annual report templates, based on previous experience.

- May 2014 – Togo, Sierra Leone, Ghana
- June 2014 – Burkina Faso, Niger

- Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2014, as agreed with USAID. Follow-up with ENVISION and sub-grantees on TA not directly provided by FHI360, to ensure that the requested TA is technically sound, schedules are developed in coordination with MOH, and recommendations from TA workshops are adequately implemented.

- Continue fostering the adoption of management instruments that meet existing USAID regulations. Such instruments include: standardized reporting formats for semiannual reporting, annual work plans, monthly and quarterly financial reporting and grants administration guidelines.

- Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs, according to the terms in the guidance provided by USAID. While activities occur throughout the year, each country will experience 4 to 6 months of intensive expenditures around the MDA campaigns, Pre-TAS and TAS for LF, impact assessments for trachoma, schistosomiasis and STH, epidemiological evaluations for onchocerciasis, sentinel site monitoring exercises, post-MDA surveillance and coverage surveys. Monitoring will occur through the monthly desk review of the sub grantees' financial reports on project expenditures, and periodical site visits to check programmatic advances toward established goals. The desk review consists of checking that expenditures are eligible, necessary and reasonable per USAID regulations and in line with the approved budget in the sub agreement. When appropriate, a field visit may be conducted for to review project expenditures and progress. A trip report with findings and recommendations will be issued and shared with USAID after each country visit.

- Organize a meeting in Accra with all our in-country partners to discuss the sustainability of longer-term surveillance of targeted diseases by the NTD country programs. Design the workshop in collaboration with USAID, MOH and sub grantees, to include: 1) definition of objectives; 2) methodology; 3) expected outcomes; and, 4) participants identification and roles. We anticipate that as a result of the discussion, specific recommendations will be issued by countries and action plans will be outlined to make the NTD surveillance system more sustainable. It is proposed that this discussion happen prior to the in-country FY2015 planning sessions, which are schedule for May/June 2014.

- Monitor compliance with the environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees on meeting all reporting requirements. The results of the monitoring process will be

provided to USAID through the semiannual reports and annual EMMP reports. Targeted tasks related to waste management are as follow:

- Work with country program staff to strengthen health care waste management at all levels of the supply chain and ensure compliance with EMMP requirements and national statutes.
- Adapt or utilize the Guide to Health Care Waste Management for the Community Health Worker and/or other materials developed by JSI for the USAID|DELIVER PROJECT as necessary to build in-country staff understanding of the concepts of health care waste management and foster the staff's ability to implement them. We will support the dissemination of information and provide technical assistance to country programs on the implementation of standard guidelines for health care waste management.
- Assist as necessary the country programs in reviewing and preparing their EMMP reports for submission to FHI360, and in determining areas to be strengthened in order to ensure the safety of individuals, communities, and the environment.

- Perform cost analysis of project components such as MDAs, TAS, Pre-TAS by country to guide future decision-making in respect to budget allocation.

- The following indicators will be used to track project performance in regard to sub-agreement execution:

Table 1: Proposed Project Management Performance Indicators

Indicator	Disaggrega-tion	Source	Year Four Target	Responsi-ble Party
Grant Issuance and Management - Grant Monitoring				
Number of Sub agreements signed.	By country	program records	7[2]	FHI 360
Number of grantees/MOH that received support on developing national Annual Work plans.	By country	Country work plans	5	
Number of countries submitting timely implementation reports.	By country	program records	5	

[2] FHI360 will sign 3 sub agreements modifications with HKI for Burkina, Niger and Sierra Leone; one with HDI for Togo; and, 3 first-tier FOGs with GHS.

Indicator	Disaggrega-tion	Source	Year Four Target	Responsi-ble Party
Number of monitoring visits.	By country	program records	1 per country	
Number of FHI360 financial reviews successfully completed (Desk review: one per month per country).	By country	program records	12 per country	
Number of semiannual program implementation reviews.	By country	program records	1	
Number of TA requests that have been provided	By country	Program records	At least 80%	
Number of countries submitting MDA coverage data using standard reporting format.	By country	Program records	5	
Proportion of Pre-TAS and TAS conducted amongst those approved	By country	Program records	At least 80%	

Technical Assistance and Capacity Building

FHI360 will be responsible for coordinating capacity building effort and will take the lead in assistance related to compliance with USAID requirements, NTDCP, and sub-grantee capacity to manage projects, work planning, monitoring and evaluation, data management, supply chain management, and quality assessment. Deloitte is the lead partner in financial management systems and reporting, including budgeting. JSI will provide technical assistance related to planning for procurement and supply chain management for essential NTD medicines. LATH will support M&E, particularly MDA reporting, and work planning as it relates to M&E. TA and Capacity Building (CB) for M&E are included in the M&E section of this plan.

Planning and Implementation

The FHI360-led team will undertake the following main activities within the End in Africa project in FY2014, in collaboration with all stakeholders/partners in the End in Africa coalition, to support and monitor implementation of country work plans for FY2014. Specific objectives for technical assistance in FY2014 will include the following:

- The FHI360-led team will actively work with MOH and sub grantees to provide technical support and leadership in the design, development, planning, implementation and evaluation of NTD projects, as well as support capacity building activities and program operation at the country level. To ensure that activities are technically sound and adhere to the appropriate WHO guidelines and USAID policies, we will execute the following tasks:
    - Participate in the development and review of country work plans to ensure that country level programs comply with NTD programming guidelines and best practices.
    - Review draft country work plans at the country level, together with other stakeholders, and support the finalization of work plan documents for submission to USAID.
    - Collaborate with and support MOH and sub grantees in building capacity to comply with published WHO guidelines and promote conformity with best practices.
    - Support general country capacity-building efforts through provision of special training, facilitation of training on M&E capacity building techniques, and participation in the supervision of impact assessment surveys.

- Support MOH NTDCP on aligning their treatment strategy with WHO guidelines in countries where deviations exist, such as Burkina and Niger. The current WHO guidelines for SCH/STH recommend assessing the impact of PCT for SCH/STH after 5 or 6 rounds of successful MDA. The FHI360 team will liaise with sub grantees and the NTD focal person to determine which districts have completed sufficient successful rounds of MDA for SCH/STH and discuss with USAID further actions that are needed for assessing the current SCH/STH situation. It is expected that such assessment will narrow SCH treatments to the most endemic districts.

- Provide technical assistance to MOH and sub grantees in response to approved countries work plans for FY2014. TA will be primarily provided by our in-house specialists or short-term consultants where appropriate. Table 2 summarizes the TA requested by MOH and sub grantees in FY2014:

Table 2: List of Technical Assistance requests in FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments
Burkina Faso	Support to develop a trachoma post-MDA surveillance survey	ITI	WP FY2014	Experts in implementing trachoma surveillance plan, with experience in countries with advanced trachoma elimination program	5 days	ITI is the only organization that fits this requirement
	Support to acquire software for managing NTD drug stocks and training on use of software	End in Africa project	WP FY2014	Experts with expertise in drug management logistics and in trachoma drug management software	14 days	
	Support to build capacity for program coordination to improve supply chain management of NTD drugs via: - training NTD drug managers in implementing standard operating procedures - supplying NTD drugs to the facilities health facilities.	End in Africa project	WP FY2014	Experts in drug supply chain management	5 days	
	Support to investigate the persistence of LF microfilaraemia in two health regions (South West and East)	End in Africa project	WP FY2014	Expertise on LF epidemiology	10 days	This will involve data analysis and field visits
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	-
Ghana	Update the TIPAC for FY2014.	End in Africa project	WP FY2014	Expertise on TIPAC	1 week	This activity is expected to be carried out in the first quarter of FY2014
	Develop training curriculum for the topics in the SOP for SCM	End in Africa project	WP FY2014	Very good knowledge of the SOPs for SCM	1 week	This activity is expected to be carried out in the first quarter of FY2014 to be ready for MDA in January/February 2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments
	TA to train up to 30 new technicians for surveys relating to LF, onchocerciasis, STH and SCH	End in Africa project	WP FY2014 New and younger laboratory technicians are needed to replace those that have retired (or are retiring) and more districts have to be surveyed in the next 2-3 years.	Expertise in field and lab methods for assessing LF, schisto, STH and oncho.	3 weeks for entomological studies on oncho, and 5 days for epidemiological evaluation for oncho, Kato Katz technique, pre-TAS and TAS.	The END project will work with the NTDP to coordinate the training that will include other NTD partners such as APOC, Noguchi and WHO
	Training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	5 days	Strengthen capacity of the new M&E person
	Training for NTD team in program planning, management and implementation	End in Africa project	WP FY2014	Expertise on planning, management and program implementation. Previous experience with USAID projects required.	5 days	
Niger	Refresher training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	3 days	-
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	-
	Training on supply chain management	End in Africa project	WP FY2014	Excellent knowledge on supply chain management at all levels	15[3] days	-
	Participation of a WHO SCH expert at the planned internal SCH review meeting	WHO and End in Africa project	WP FY2014 Input from a WHO expert is important for proper realignment of the	Excellent knowledge of SCH and the latest WHO guidelines and decisions on SCH needed	2 days	

[3]The first trip of JSI would be when the central and regional level trainings begin; and then again when the district/CSI/community trainings take place immediately before the MDA.

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments
			national SCH strategy with the latest WHO guidelines			
Sierra Leone	Development of TAS Protocol and training of field personnel	End in Africa project	WP FY2014	Expertise on the implementation of TAS (for LF)	5 days	
	Training of HKI and NTDP personnel on M&E	WHO	Sierra Leone missed the WHO training on M&E. We are working to schedule a workshop on M&E in Sierra Leone in collaboration with WHO	M&E of NTDs	5 days	
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	
	Training on SCM	End in Africa project	WP FY2014	Expertise on supply chain and logistics management for infectious diseases	10 days	TOT for District Health Management Team and training of NTD Ware house manager
	Biomedical training of lab technicians on surveillance for lymphatic filariasis	Local organization with the necessary skills	WP FY2014	Expertise in training lab technicians to identify the LF parasites	5 days	
	Training on NTD Policy	WHO Expert	TA from WHO needed to assist in developing national NTD policy	Expertise on policy development	14 days	The Government has still not included NTDs in the national budget. It is expected that by developing this policy, NTDs will be recognised and included as part of the overall MOH

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments
						budget.
Togo	Training for HDI resident director and accountant, and the NTDP in Togo on management of FOGs	End in Africa project	WP FY2014	Knowledge of FOG management	Less than 1 week	
	Training of MOH and HDI personnel on SCM strategies at the regional USAID/DELIVER Project training	End in Africa project	WP FY2014	Expertise on supply chain and logistics management for infectious diseases	One week	
	Conduct follow-up surveys after a systematic review of onchocerciasis program conducted to confirm three existing areas and identify new areas of persistent elevated prevalence of onchocerciasis and next steps for control, including recommendations for surveillance.	End in Africa project	WP FY2014 Based on recommendations of report: 1 region to conduct phase 1a surveillance on onchocerciasis in 2014	Expertise on epidemiological evaluation of onchocerciasis	10 days	This TA will involve development of protocol and supervisor of field activities
	Training and implementation on TIPAC – how to complete use , and interpret it	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	
	Refresher training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	3 days	

- As End in Africa countries progress toward stopping district MDA, the FHI360 team will perform a desk review of historical country data prior to the FY2015 in-country work planning sessions to estimate the number of impact assessments/surveys that should be conducted in the subsequent year. The results of this exercise will be shared with USAID and other key stakeholders before the work planning sessions[4]. The table below summarizes the impact assessments planned for FY2014:

Table 3: Program impact assessments by country and disease in FY2014

Country (# HDs stopped District level MDA)	LF		Oncho	SCH[5]	STH	Trachoma
	Pre-TAS	TAS				
Burkina Faso (LF – 16 Trachoma-21)	3	16[6]				4
Ghana (LF – 4 Trachoma - 29)	12	45				1[7]
Niger (Trachoma - 15)	2	9[8]	5[9]	4[10]		7
Sierra Leone		12[11]				
Togo (LF - 8)					4[12]	

Supply Chain Management

The FHI360-led team will undertake the following activities to strengthen and institutionalize supply chain and drug management systems and accountability, which are essential for successful MDAs.

[4] Many districts in some countries have attained the eligibility criteria for impact assessments, but NTDCP delayed those assessments for various reasons. For example in Ghana, TAS was not done in many districts that qualified for it over two to three years ago due to in-country unavailability of ICT cards. Similarly, there are districts in Burkina Faso with LF prevalence below 1% for over two to three years, but these districts are still being treated because the national program wants to lower the prevalence to close to zero.
[5] Survey to align with WHO completed FY2013
[6] 9 out of the 16 will begin the initial post-MDA surveillance phase
[7] Community level assessment
[8] Pending Pre-TAS results
[9] Districts never treated, but Niger has requested evidence for its application for certification
[10] To re-align treatment strategy with WHO guidelines
[11] Pending Pre-TAS results
[12] Hope Educational Foundation is conducting mapping of STH in a number of schools in Lome.

- Support the national NTD programs to receive and clear their consignment of praziquantel through customs. Documentation and information will be obtained from the ENVISION Project and FHI360 regarding the shipments and JSI will coordinate with implementing partners, NTDCP and the consignee. This process will help avoid miscommunication and more seriously, accumulation of demurrage fees if shipment documents are not on hand when shipments arrive.

- Monitor FY2014 albendazole orders submitted to GlaxoSmithKline via WHO. Burkina Faso and Niger expect to submit albendazole requests for FY2014. Ghana obtains mebendazole from Children without Worms for the treatment of school-age children.

- Assist the country programs in developing high quality FY2015 praziquantel forecasts for submission to FHI360. Since Burkina Faso and Niger are undertaking schistosomiasis and soil-transmitted helminth studies, i.e., TAS surveys in 2013, their forecasts and distribution plans may change significantly during FY2014. These countries may need additional support when developing their forecasts for FY2015, since it will be the first year their spreadsheets will be aligned with the new WHO treatment guidelines. The likely schedule for FY2015 praziquantel orders follows:
    - by end of February 2014, country programs submit rough estimates to JSI for review;
    - by end of March 2014, final order quantities submitted to JSI for review and discussion with country programs;
    - by end of April 2014, final orders submitted by JSI to FHI360 to execute procurement.

Generic supply chain and drug management standard operating procedures (SOPs) for NTD programs were developed in FY2013 in English and French. The SOPs include procedures to effectively manage NTD medicines during and after MDAs. They have been well-received by colleagues in Ghana, Sierra Leone and Togo, and all three of these countries are developing training materials based on the SOPs and incorporating them into their existing NTD training materials. In FY2014, we will continue to support Ghana, Sierra Leone, and Togo in their efforts to institutionalize the supply chain and drug management material into their existing guidance, and we will begin supporting Burkina Faso and Niger in similar efforts. As the first three countries advance in their efforts, we will develop procedures for those processes that have not already been developed, as gaps in the SOPs are identified. Following are the specific supports we will provide to the countries:

Sierra Leone:

- Develop new procedures to fill gaps in the SOPs, incorporate them into an SOP manual, finalize the SOP manual, and print the document.
- Develop complementary training materials for the new procedures, test them in

the FY2014 Training-of-trainers (TOT), finalize the training materials tested in the May 2013 TOT, and incorporate the training materials into the existing training curricula.
- Provide an SCM technical specialist to support the training scheduled to take place in FY2014 (exact dates of TOT to be confirmed). Provide coaching for the trainers as they apply their new training skills and as they develop facility with the new technical content.

Ghana:
- Develop new procedures to fill gaps in the SOPs, incorporate them into SOP manual, finalize the SOP manual, and print the document.
- Develop complementary training materials for the new procedures, test them in the May 2014 TOT (exact dates of TOT to be confirmed), finalize the training materials tested in the May 2013 TOT, and incorporate the training materials into the existing training curricula.

Togo:
- Finalize the SOP customization process, identify additional procedures, and develop the revised procedures.
- Translate the generic training materials into French, and customize them according to Togo's SOPs.

Burkina Faso and Niger:[13]
- Initiate the SOP customization process (the French SOPs have been provided to the countries). JSI will support the country programs as they customize the SOPs to their country-specific circumstances. We will also assist them in identifying procedures not included in the generic SOPs and develop those for incorporation.
- Translate the generic training materials into French and use that translation as the basis for developing customized training materials for both countries.
- Support the delivery of the training by serving as a trainer, resource, and coach for the in-country trainers as they deliver the new content.

To address existing SCM issues in Niger, End in Africa will take the following actions:

- In collaboration with the Niger MOH and implementing partner (HKI), conduct a supply chain management situation analysis that will help identify immediate and long-term system strengthening needs. The in-country situation analysis should touch on the following key areas:
    - Inventory management
    - Identify improvements in warehousing and storage conditions at the district level

[13] These two countries are at the same supply chain development level and are therefore discussed together.

- Procedures for collecting and disposing expired medicines

- Collaborate with HKI and the NTDCP to consider an appropriate electronic data management tool that can monitor NTD drug stock levels.[14]

Financial Management

The results of our efforts in FY2013 will drive our approach in the coming year. The need for stronger internal controls, improved recording and reporting and greater transparency and overall accountability cannot be understated. With the introduction of FOG as the only mechanism for channeling resources to the MOH, it is of paramount importance that MOH capacity for record keeping and internal controls be strengthened, since receipts and financial reports are no longer furnished to sub grantees. The direct implication of this is that the MOH must keep the project accounting based on universally accepted accounting practices. Training is also critical to ensure that staffs understand processes, roles and responsibilities as they relate to fiduciary management within Ministries of Health (MoH).

We also recognize that the continued success and sustainability of Neglected Tropical Diseases Control Programs (NTDCPs) depend on a policy environment that supports appropriate levels of engagement and collaboration from all participants. With this in mind, Deloitte will support the following proposed activities and in the process document lessons learned and leading practices.

- TIPAC implementation in Niger, Sierra Leone, Burkina and Togo to institute processes for the five TIPAC modules: base data, activity costing, drug acquisitions, funders and outputs, to help countries develop an integrated program for NTDs and build on-the-ground capacity. We will continue to support individual country teams in using the tool in conjunction with existing national NTD strategic plans and budgets in order to plan and coordinate future program resources effectively.

- Support for Ghana in updating its TIPAC for FY2014. The Ghana Health Service (GHS) has already used the TIPAC in estimating the costs required to scale up certain NTD services and reach program goals. These estimates have been incorporated into Ghana's 2013 National NTD Finance Strategy Framework.

- Expand Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs). Given the new USAID guidance to use FOGs for implementing 2nd

[14] Although requested by countries, it is unlikely that an off-the-shelf application would meet NTD/MDA needs nor that development of an application would be appropriate. However, development of a tracking tool may be relevant.

tier sub agreements with the MOHs, it is necessary to reinforce country capacity for developing, managing and implementing this new assistance instrument. NTDCPs need support on activity-based costing, focusing on mass drug administration (MDAs) and other related activities segregated by region and district. To address this, we will develop refresher trainings specific to budgeting and costing, around the FOG model across all project countries. We will therefore utilize this platform to enhance:

  - ability to maintain/manage auditable records;
  - ability to procure/manage property and personnel.

- Support for the implementation of Ghana's NTD Finance Strategy Framework developed in FY2013 within the context of the pilot project for strengthening the management capacity of GHS NTDCP. In line with this strategy, we plan to:
  - Support the establishment of an NTD Finance Steering Committee to oversee the implementation process.
  - Work with the GHS to develop an implementation and monitoring and evaluation plan to support the NTD finance strategy framework.

Knowledge Management

The End in Africa team will undertake the following main activities related to Knowledge Management in FY2014:

- Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org , which serves as the project's main communication and knowledge sharing tool. The site showcases the project's accomplishments and achievements in its efforts to help countries move toward NTD elimination, both in terms of the MDA-related activities it supports and its efforts to support countries as they stop MDA and move into assessing impact. It provides an attractive, convenient place to showcase program results; share success stories, accumulated knowledge and lessons learned; leverage capacity building efforts; and house key project documents such as work plans and semi-annual reports. Keeping the website up-to-date enables potential donors, national NTD programs, End in Africa partners and the wider NTD prevention community, to stay abreast of the project's activities, accomplishments and results, as well as its countries' progress toward NTD elimination.

- Work with sub grantees and NTDP to document program successes, best practices and lessons learned to improve visibility of the End in Africa project: according to the contracts that exist between FHI360 and sub grantees, sub grantees are responsible for management of data generated by the NTDP at country level and effort will be made to collaborate with all sub grantees and NTDPs to document project successes, best practices, lessons learnt and results

of impact assessment surveys wherever possible through development of manuscripts for publication in peer-reviewed journals, presentations at international meetings and publications in the End in Africa website. Research, document, write, edit, publish, promote and disseminate at least 12 such publications in FY2014, including at least four peer-reviewed articles or gray literature, best practices or in-country experiences, in consultation with USAID.

- Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program, as well as disseminate these materials to colleagues, partners, potential and actual donors, and other interested parties, at conferences, meetings and similar venues.

- Update, maintain and administer the End in Africa contact database. Use the same to disseminate publications, interface with partners and the larger NTD community, and engage partners, the NTD community and interested external parties as well as encourage them to follow the project's efforts toward NTD elimination and encouraging them to actively support the project's activities, when feasible.

- Develop, update and maintain an annual publications calendar and tracking tool containing a schedule of topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, augment with photos and additional resources, submit to appropriate publishing channels (when appropriate), publish, promote and disseminate as appropriate. This topics and articles on this calendar will cover the scope, breadth and depth of the project's activities in areas relating to MDA activities, impact assessment and capacity building, among others. It will contain formal peer-reviewed publications, technical articles and white papers, as well as informal news items and blog posts. The anticipated list of publications is presented in the table 4.

- Promote the End in Africa project social media and online venues such as Twitter, the project's website and blog, FHI360's corporate web site, and the corporate websites and social media pages of organizations on the End in Africa's team, as well as its sub-grantees.

- Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community (such as the Carter Center, Uniting to Combat NTDs, and the Sabin Institute's Global Network on NTDs and END7 projects as well as its Post-2015 Development Initiative) to enhance the reach of the project's KM activities through collaboration in a variety online fora, including providing content for their blogs and/or guest blogging; collaborative tweeting or participating in Twitter chats; taking part in webinars; cross-posting videos, photos and written content; and so on.

- Develop and administer a repository of End in Africa project photos (to be received from members of the End in Africa team as well as sub-grantees and the photographers they hire using End in Africa funds in the countries), following FHI360 usage guidelines.

- Provide editorial and quality control services to End in Africa partners and sub grantees on various End in Africa work plans, reports and publications to ensure compliance with USAID publication guidelines and the End in Africa Branding and Marking Plan.

- Collaborate with WASH project team at FHI360 to share news, publications, project data and any other content that is relevant and useful to the work of both projects, and to seek ways to create knowledge sharing synergies.

Table 4: Suggested Topics for Publications in FY2014

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
1.	How useful are refresher trainings in End in Africa implementing countries: example of Sierra Leone	Based on the refresher training of trainers witnessed in Sierra Leone recently. The blog will focus on cascade trainings of all stakeholders implementing the MDAs			Yes	Oct 2013	To be published in the END website,
2.	Pre-transmission assessment survey for LF elimination in Sierra Leone	The survey is presently ongoing but microscopy will take time and results will not be available till after October 2013. FHI360 participated briefly in this survey and will build story around pictures taken during training and field work.			Yes	Nov 2013	To be published in the END website
3.	Cross border meetings to address NTD issues in the Mano River Union countries	The MRU meeting will take place in October with participation of Liverpool CNTD, HKI, Sightsavers and FHI360.			Yes	Dec 2013	To be published in the END website
4.	Oncho situation in Togo: reasons for sustained high prevalence in some communities after over 15 years of mass drug administration	This will be prepared after the report of the technical assistance (TA) is finalized	Yes		Yes	Jan 2014	
5.	Addressing cross border transmission of NTDs in End in Africa implementing countries	Approval received from PLOS NTDs for submission of artide so it can be reviewed before decision is made on publishing.	Yes		Yes	Feb 2014	PLOS decision to publish pending. Attached is the PDF file of submission. After publication in PLOS the full article can be published in the END website.

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
6.	Witnessing mass drug administration for NTDs in End in Africa implementing countries	Stories will be developed around pictures that FHI360 will take while observing MDAs in 1 End in Africa country.			Yes	Mar 2014	To be published in the END website
7.	NTD SOP customization in selected countries	Success story on the process of customizing the supply chain and drug management standard operating procedures and building complementary training materials into the existing training curricula			Yes	April 2014	To be published in the END website
8.	Witnessing mass drug administration for NTDs in End in Africa implementing countries	Stories will be developed around pictures that FHI360 will take while observing MDAs in 1 End in Africa country			Yes	May 2014	To be published in the END website
9.	Supply chain management assessment	Summary of the SCM assessment results and how the information was used to strengthen the supply chain and drug management functions within the NTD program			yes	June 2014	To be published in the END website
10.	Witnessing mass drug administration for NTDs in End in Africa implementing countries	Stories will be developed around pictures that Joseph will take while observing MDAs in at least 2 End in Africa countries in November 2013. Priority will be on Togo and Niger since very little has been written about the NTD Programs in these countries			Yes	July 2014	To be published in the END website
11.	Witnessing mass drug administration for NTDs in End in Africa implementing countries	Stories will be developed around pictures that Joseph will take while observing MDAs in at least 2 End in Africa countries in November 2013. Priority will be on Togo and Niger since very little has been written about the NTD Programs in these countries			Yes	Aug 2014	To be published in the END website
12.	Assessment of the End in Africa project: achievements, challenges, lessons learnt and	This will be a sort of self-assessment documenting success, achievement,			Yes	September 2014	To be published in the END website

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
	way forward	challenges, possible failures, lessons learnt and the way forward for the project.					

*We will try to get additional topics after impact assessment surveys in the 5 End in Africa implementing countries.

Collaboration and Coordination

Collaboration and coordination with national government entities are central to the successful implementation of the goals of the End in Africa project, which involve supporting country-led scale up of integrated NTD control through implementation of the national NTD strategic and annual work plans.

The characteristics, nature and level of collaboration and coordination vary by country, following the policies established by the MOHs. For a detailed breakdown of the activities, please refer to the summaries of the country Work Plans in Attachments 1 to 5. In general, sub grantees will support the following overarching and common activities in all countries:

- Advocacy aimed at maintaining or increasing government budget lines allocated to the fight against NTDs.
- Developing partnerships and improving coordination of the NTD program.
- Operationalization of national NTD coordination committees with the participation of key local stakeholders.
- Dissemination of the approved work plan to the MOHs at the regional and district levels, and to stakeholders through the Intra Country Coordination Committee (ICCC), translation if needed.
- Ensuring periods for mass distribution activities do not conflict with other activities.

To improve coordination and interaction with other agencies and organizations[15] that are involved in the control/elimination of the 7 NTDs targeted by the End in Africa project, the FHI360-lead team will:

- Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level and attending one NTD Steering Committee meeting in each End in Africa implementing country.

- Attend regional scientific meetings, scientific panels and discussions with partners in local institutions, multilateral agencies, government counterparts, and implementing agencies, to coordinate project development and implementation, including the following international meetings:
    - The GET2020 meeting on trachoma in Geneva.
    - The annual meeting of the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF).

[15] Research Triangle Institute (RTI); the Regional Peer Review Group (RPRG) set up by the World Health Organization (WHO) Regional Office for Africa (AFRO); the NTD Program at the WHO Headquarter in Geneva; the NTD Program at AFRO; the African program for Onchocerciasis Control (APOC); the Non-Governmental Development Organizations (NGDO) Network for Onchocerciasis Control; the Liverpool Center for NTD (CNTD); LF Support Center in Accra within the Noguchi Memorial Institute for Medical Research (NMIMR)

- Meetings organized by WHO HQ and AFRO on the 7 targeted NTDs, including the annual regional NTD coordinators meeting.
- Workshops/trainings organized by AFRO for capacity building on the 7 targeted NTDs.
- The annual meeting of the American Society for Tropical Medicine and Hygiene (ASTMH).
- Meetings of the Joint Action Forum (JAF) for onchocerciasis control/elimination in Africa.
- Meetings of the NGDO Network for Onchocerciasis Control.

- Participate in international NTD working groups and committees at the international and national levels; serve as a member of the technical subcommittee of Ghana's Intra Country Coordinating Committee (ICCC); serve as a member of international NTD working groups and work to improve their visibility.

- Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast; support countries in monitoring cross-border MDA and share experiences with unions in other West African countries experiencing similar problems.

- Participate in appropriate local and international M&E meetings/workshops to strengthen M&E capacity and gain a better understanding of country experiences, lessons learned and best practices, as well as the main obstacles to NTD elimination or control that each country faces.

- Strengthen coordination with APOC on the management and technical direction of the onchocerciasis control/elimination program in the End in Africa countries. To facilitate this process, FHI360 will seek membership on the NGDO Coordination Committee for Onchocerciasis, supported by APOC. Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGDOs that support specific interventions in End in Africa countries.

- Engage AFRO and WAHO in addressing cross-border issues and coordination with government agencies; work with key stakeholders to sponsor a regional meeting among End in Africa bordering countries to formulate a coordination protocol and action plan. Since this will involve brokering agreements among sovereign nations, we anticipate that AFRO and WAHO will take responsibility for coordinating this meeting. Support and funding for specific activities will be included in the country work plans. Ideally this meeting should take place before the FY2015 work planning session so recommendations can be incorporated into the countries work plans.

Monitoring and Evaluation (M&E)

End in Africa-supported countries are transitioning from mass drug administration to the elimination or control of the selected 7 NTDs. Many districts are undertaking impact assessments to determine whether or not to stop MDA. In FY2014, nearly 76 HDs out of 161 currently endemic for LF will conduct TAS to assess their eligibility to stop MDA for LF; 7 HDs and 2 sub-districts will assess whether they can stop MDA for trachoma at the district or sub-district level.

In Burkina Faso, Ghana and Niger, assessments were executed in FY2013 or are underway to realign SCH treatment with WHO guidelines. In the meantime, Togo, Ghana and Sierra Leone have expanded PCT for SCH to School Age Children (SAC) and/or high risk adults (HRA), in accordance with WHO guidelines. Nonetheless, many SCH endemic districts have been treated for over five years (the WHO recommended threshold for SCH evaluation), and each country is implementing evaluation differently. For example, Togo proposed to monitor sentinel sites in schools for SCH, while Burkina Faso has been conducting assessments of SCH at the district level every year without concrete follow-up action. To address such incongruences, End in Africa will help NTD country programs set up a plan for evaluating districts that have achieved more than five years of treatment in order to provide treatment only in areas that need it, and if necessary, to increase the frequency of treatment in areas with residual high prevalence of SCH.

In the case of onchocerciasis, evaluations have been conducted and funded by APOC. The results of these assessments have not been disseminated widely. Further collaboration with APOC is necessary to understand the status of onchocerciasis in selected countries and to define appropriate technical guidance for the countries.

Finally, End in Africa will focus on improving the quality of data collected to ensure that the districts that stop MDA truly meet the stop-MDA criteria and that districts that meet this criteria do not treat residents unnecessarily. FHI360 will continue to support MDA implementation and ensure timely reporting of MDA data as well as prompt execution and reporting of program surveys.

The table below illustrates district and population NTD treatment targets for End in Africa-supported countries.

Table 5: Projected number of people and health districts to be treated in FY2014 with USAID funds.

Country	LF		Oncho		SCH		STH		Trachoma	
	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population
Burkina Faso	47	10,842,959	6	818,306	23	1,884,808	62	4,427,757	5	1,168,942
Ghana	70	10,722,818	73	3,340,402	126	7,577,187	170	7,361,075	1[16]	3,571
Niger	30	9,931,544	0	NA	11	2,025,400		11,511,416	20[17]	8,382,924
Sierra Leone	14	5,542,598	12	2,641,476	12	2,775,873	14	5,542,598	0	NA
Togo	0	NA	32	2,714,998	29	2,239,599	28	2,347,569	0	NA
Total	**161**	**37,039,919**	**123**	**9,515,182**	**201**	**16,502,867**	**274**	**31,190,415**	**26**	**9,955,437**

Our goal for FY2014 is to attain MDA coverage rates that are compatible with WHO recommendations/guidelines for the selected 7 NTDs, and to collect and report high-quality NTD data that will enable End in Africa-supported countries to make sound decisions regarding stopping MDA or conducting surveillance in eligible districts. Key M&E activities for FY2014 are detailed below.

- **Data management, documentation and dissemination**
  - FHI360 will coordinate the review of End in Africa data through an iterative process that involves ENVISION, sub grantees, national country programs and USAID. We will check the consistency and accuracy of the NTD data, taking into account the reporting deadlines. Inconsistencies (if any) in data quality will be shared with RTI and USAID and if necessary, will be reported to the sub- grantees for clarification and/or correction.
  - Complete the design of a SAS application to flag outliers and data inconsistencies. This activity was initiated in FY2013, but was delayed as other priorities emerged in the course of the year.
  - Conduct basic descriptive analysis of the reported NTD data and develop charts or graphs to support the narratives in semiannual reports, programs' abstracts, presentations and publications.

- **Program monitoring**
  - Liaise with sub grantees' technical M&E Officers to ensure that MDAs and TAS are conducted as expected. Delays in the execution of MDAs and/or TAS will be reported to USAID if they disrupt the reporting schedules.
  - Backstop sub grantees and country programs to ensure timely reporting of NTD data and monitor that country programs are reaching the purported targets.

[16] One community in one district will be treated as a result of Post-MDA surveillance activities
[17] One district treating at sub-district level

- Discuss any deviations in coverage with sub grantees and country programs to uncover their cause and to the extent possible, to identify a way forward that will improve coverage in the future.
- As countries transition toward disease control and elimination, the FHI360 team will liaise with sub grantees and national NTDCPs to follow up on the implementation of post-MDA surveillance activities in districts that have stopped MDA. Assessments conducted during the surveillance phase should be reported in the work plans and workbooks and be in line with WHO guidelines. Assessments that surpass the WHO guidelines will be submitted to USAID for approval.

- **Continue strengthening the reporting system**
  In FY2014, the End in Africa M&E Specialist expects to complete the necessary visits to support countries in the preparation of their workbooks prior to submission of their semi-annual report. As detailed further below, a complete training on the workbooks and reporting tools will be provided to the new FHI360 M&E Officer at GHS, once he/she begins work in November 2013.

- **Mapping of NTDs**
  There is an increasing demand to map districts that were not considered endemic in the past. The fact that the indicators "number of districts endemic at baseline" and "number of districts requiring mapping" keep changing makes it hard to monitor progress toward the NTD elimination/control in End in Africa countries. It was determined in FY2012 that mapping was no longer needed in End in Africa countries, other than in two districts in Niger. The FHI360 team in collaboration with USAID, MOH and sub grantees will determine whether mapping is required in any additional districts in the End in Africa countries. The outcome of this exercise will be shared will all stakeholders. The table below summarizes the mapping activities that will take place in FY2014, according the approved country work plans:

Table 6: Expected mapping activities for FY2014, End in Africa

Country	LF	Oncho	SCH	STH	Trachoma
Burkina Faso		9 (APOC)	-	-	2[18]
Ghana					
Niger	2				4[19]
Sierra Leone					
Togo					

[18] Not treated since baseline evaluation, but prevalence is close to 10%
[19] Epi survey was conducted 1997-1999 at the regional level for Agadez with TF = 5.5%. With elimination objectives, evaluation will be conducted at district level.

- **M&E Country-specific needs**
  Overall, FHI360 will continue to strengthen the M&E systems for the selected NTDs in the five countries supported through End in Africa. Routine monitoring and evaluation, data quality improvement and monitoring of the execution of impact surveys are the key pillars in this program. The following country-specific M&E activities will be undertaken to enhance collaboration:

  - **Burkina Faso**
    Follow-up with Burkina Faso NTD staff, especially the M&E staff at HKI/Burkina Faso and in the national trachoma program, on the implementation of the sub-district level assessment for trachoma.

  - **Ghana**
    On-the-job training for the new GHS M&E Specialist; and two workbooks trainings sessions to enhance data management skills.

    Follow-up on the implementation of Ghana's strategy to start treating HRA for SCH and on aligning SCH treatment strategies with WHO guidelines. Ensure that workbooks are updated appropriately.

  - **Niger**
    A capacity building workshop on data management and the use of the workbooks, per Niger's request.

    Work with the Niger NTDCP and sub grantee to determine the status of mapping in the country. In FY2011, Niger's request to map LF in 2 districts (Bilma and Arlit) and SCH in one district (Bilma) in the Agadez region was approved; and mapping of NTDs was considered no longer an issue in Niger. In FY2014, Niger has submitted another request to map Fillingue for LF and 4 districts in Agadez for trachoma.

    Follow-up with staff in Niger to verify that PZQ treatments for SCH in children under age five are included in the workbooks among the total population requiring MDA for SCH.

  - **Sierra Leone**
    In FY2014 and beyond, FHI360 will follow up with HKI/Sierra Leone and the NTD country program to transition from calendar year to fiscal year reporting in the program workbook. For example LF and oncho data for FY2013 were reported in calendar year 2012 in the historical tab of the program workbook. The Sierra Leone NTD country program has systematically reported this way in previous years.

- **Togo**
  Support Togo's NTDCP and HDI in refining their surveillance strategy for SCH. Togo is planning to monitor 22 sentinel sites for SCH across country. However, this is incongruent with WHO guidelines, which recommend evaluation after 5 rounds of treatment.

Staffing

We will introduce the following changes in the composition of the team in FY2014 due to the changes in the implementation of the project in Ghana. FHI360's End in Africa team in Ghana will provide direct implementation support to the GHS NTDCP starting in November 2013.

NTD Senior Program Officer – Dr. John Marfoh

The NTD Senior Program Officer will provide support to the GHS NTDCP. This includes technical support for the design, development, planning, implementation, execution, and capacity-building of the GHS program. The incumbent will be imbedded into the NTDCP office to:

- Provide technical and management support in the implementation of project activities.
- Participate in the development of country work plans to ensure compliance with NTD programming guidelines and best practices.
- Work in coordination with the End in Africa team to ensure smooth implementation of activities.

NTD M&E Specialist – TBD

The M&E Officer will assist with the development of M&E plans, data management and analysis, and program reporting. She/he will represent the End in Africa project within the GHS NTDCP and will work from that office. She/he will work under the direct supervision of the FHI360 Program Coordinator, Grants Manager, and Senior Program Officer and the GHS NTDCP Manager; and will report to the End in Africa team in Accra, in particular the Senior M&E Specialist. She/he will ensure that all data/information are approved by the NTDCP Manager before submitting them to the End in Africa regional team in Accra.

Financial Officers (2) - Eubert Mensah; Patrick Atikpoe

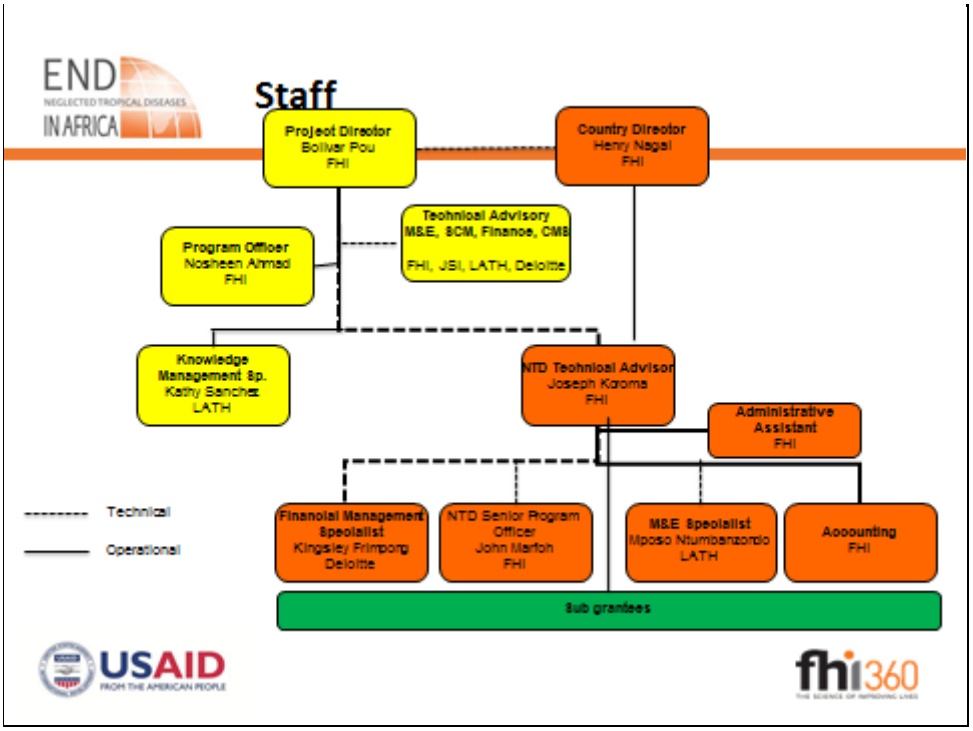
The two NTD Project Finance Officers will support the NTDCP in project accounting, documentation and financial monitoring/reporting.

Grants Manager – TBD

The FHI360 Grants Manager in Ghana will assume oversight responsibilities for the financial component of the sub agreements with GHS and perform contractual

administrations functions.

The FHI360-led team structure for supporting the implementation of End in Africa is shown below:



Level of Effort

A summary of the level of effort (LOE) approved under the cooperative agreement for the Control of Neglected Tropical Diseases in Africa is presented below.

Long Term Positions

Position	Affiliation	Location
Project Director	FHI360	USA
Senior Program Officer	FHI360	USA
Knowledge Management Specialist (75%)	LATH	USA
NTD Technical Advisor	FHI360	Ghana
M&E Specialist	LATH	Ghana
Financial Management Specialist	Deloitte	Ghana
NTD Senior Program Officer (GHS)	FHI360	Ghana
NTD M&E Specialist (GHS)	FHI360	Ghana

Position	Affiliation	Location
Grants Manager (GHS)	FHI360	Ghana
Accountants (GHS)	FHI360	Ghana
Drivers 2 (GHS)	FHI360	Ghana

Short Term Positions

Position	LOE (days)[20]
US Based Technical Support	
Program and grants management (FHI360)	50
Financial management (FHI360/Deloitte)	50
Supply chain management (JSI)	70
M&E and knowledge management (FHI360)	10
ST Consultants Ex-pat[21]	
Capacity Building specialists	30
Procurement and SCM Specialists	75
Financial Management/FOG	100

[20] LOE represents multiple positions. LOE does not include management/administration support staff.
[21] Short term consultants are only hired as necessary by FHI360 or through the existing sub agreements with Deloitte, JSI and LATH.

Travel Plans

Table 7: Travel Plans for FY2014

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	TBD	FY2015 Country work planning sessions with key stakeholders.
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma NTD Technical Advisor	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director Nosheen Ahmad SPO	W/DC	Ghana	2	1 weeks	April 2014	Project performance mid-term review. Project semiannual report.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	September 2014	End in Africa Work plan 2015
Mposo Ntumbanzondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	8	1 week	TBD	Capacity building on workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.
Youssouf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Niger	2	2 weeks in country 1 week	Nov/Dec 2013 TBD	In collaboration with the Niger MOH and HKI, conduct a supply chain management situation analysis that will help identify immediate and long-term system strengthening needs. Continue to support national program partners in implementing recommendations resulting from the situation analysis.
Youssouf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Burkina	2	1 week in country 1 week in country	Jan 2014 March 2014	Review and customize generic SOPs and complementary training materials with NTD trainers. Support the training of NTD trainers/drug managers in implementing SOPs and training materials.

Traveler	From	To	# Trips	Duration	Month	Purpose
TBD, Logistics Advisor JSI	W/DC	Ghana	1	1 week in country	TBD – during the 1st quarter	Refine SOPs and customize complementary training materials.
David Paprocki, Logistics Advisor JSI	W/DC	S Leone	1	Two weeks in country	TBD	Assist with TOT for DHMTs and conduct a follow-up OJT visit with Mr. Kargbo at the Makeni warehouse.
Justin Tine Health Financing/Costing Specialist (Deloitte)	Senegal	Ghana Niger Togo S Leone	4	2 weeks in each country	TBD	TIPAC training for 1 week & in country data entry for 1 week
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Niger Togo S Leone	3	2 weeks in each country	TBD	TIPAC training for 1 week & in country data entry for 1 week
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Burkina Niger Togo S Leone	4	3 days in each country	TBD	Capacity building on USAID FOG regulations and compliance (Refresher and hands-on training)
US-based STTA provider	W/DC	Togo, Niger Burkina Niger S Leone	5	One week in each country	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.
NTD Technical Advisor Joseph Koroma M&E Specialist Mposo Ntumbanzondo FHI360	Ghana	W/DC WHO Niger Burkina Togo SLeone	20	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
MOH NTD Focal points; WAHO, WHO FRO	Ghana Burkina Niger Togo S Leone Other borde-ring countries TBD	Accra	10	3 days	TBD	Accra meeting with key stakeholders to engage WHO AFRO and WAHO to address cross border issues and coordination with Government Agencies.
MOH NTD focal points and sub grantees	Ghana Burkina Niger	Accra	10	3 days	TBD	Organize a meeting in Accra with all our in-country partners to discuss the sustainability of longer-

Traveler	From	To	# Trips	Duration	Month	Purpose
	Togo S Leone					term surveillance of targeted diseases by the NTD country programs.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.

Reporting

The project will deliver the following reports to USAID:

Report	Due
FY2014 End in Africa Annual Work Plan A document outlining the project activities envisioned for FY2014.	October 2013
End in Africa Semiannual Progress Report A report summarizing the main activities executed during the previous semester organized according to the scope of work of the sub agreement between USAID and FHI360.	October 2013 March 2014
Quarterly financial reports Copy of the SF425 report will be shared with the AOR.	December 2013 March 2014 June 2014 September 2014
FY2015 End in Africa Annual Work Plan A document outlining the project activities envisioned for FY2015.	September 2014

Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Issuance and Management of Grants												
Support MOHs and sub grantees in the implementation of FY2014 work plans in all countries.	X	X	X	X	X	X	X	X	X	X	X	X
Execute additional costs extensions of the existing sub agreements for the life of the project	X	X	x									
Provide direct implementation support to the GHS NTDCP starting in November 2013	X	X										
Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2015								X	X	X		
Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2014		X		X	X	X	X	X	X	X	X	
Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs	X	X	X	X	X	X	X	X	X	X	X	X
Organize a meeting in Accra with in-country partners to discuss the sustainability of long-term surveillance					X	X	X					
Monitor compliance with the project's environmental management and mitigation plan (EMMP)					X	x					X	X
Technical Assistance and Capacity Building												
Engage MOH and sub grantees to provide technical support and leadership in program design, development, planning, implementation, capacity-building, and evaluation at the country level.	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical assistance to MOH and sub grantees in response to approved countries work plans for FY2014	X	X	X	X	X	X	X	X	X	X	X	X
Support MOH NTDCP on aligning their treatment strategies with WHO guidelines in countries where deviations exist, such as Burkina Faso and Niger.				X	X			X	X		X	X
Perform a desk review of historical country data prior to the in-country work planning sessions to estimate the number of impact assessments/surveys required in the subsequent year		X	X			X						
Support national NTD programs in receiving and clearing their consignments of praziquantel through customs.					X	X	X					
Monitor receipt and documentation of praziquantel donations facilitated by Envision					X	X	X					
Monitor the FY2014 albendazole orders submitted to GlaxoSmithKline via WHO.			X	X							X	X
Assist country programs in developing high quality FY2015 praziquantel forecasts				X	X	X						
Continue to support Ghana, Sierra Leone, and Togo in their efforts to institutionalize supply chain and drug management material into their existing guidance, and begin supporting Burkina Faso and Niger in similar efforts.			X	X	X	X	X	X	X	X	X	X
Support TIPAC implementation in Niger, Sierra Leone and Togo				X	X	X	X	X	X	X	X	
Support Ghana in updating its TIPAC for FY2014		X	X				X					
Expand the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs).		X	X	X	X	X	X	X	X	X	X	
Support the implementation of Ghana's NTD Finance Strategy				X	X							
Train the NTD team in record keeping and accounting.				X	X	X						
Knowledge Management												

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org	X	X	X	X	X	X	X	X	X	X	X	X
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X	X	X	X	X
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program	X	X	X	X	X	X	X	X	X	X	X	X
Update, maintain and administer the End in Africa contact database	X	x	x	x	x	x	x	x	x	x	x	x
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X				X					X	
Promote the End in Africa project via social media and online	X	X	X	X	X	X	X	X	X	X	X	X
Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community	X	X	X	X	X	X	X	X	X	X	X	X
Develop and administer a repository of End in Africa project photos	X	X	X	X	X	X	X	X	X	X	X	X
Provide editorial and quality control services to End in Africa partners and sub grantees					X	X					X	X
Monitoring and Evaluation												
Coordinate the review of End in Africa data through an iterative process that involves ENVISION, sub grantees, national country programs and USAID	X	X				X	X					
Complete the design of a SAS application to flag outliers and data inconsistencies			X	X	X							
Conduct basic descriptive data analysis using the reported NTD data		X			X							X
Liaise with sub grantees' technical M&E Officers to ensure that MDAs and TAS are conducted as expected	X	X	X	X	X	X	X	X	X	X	X	X
Backstop sub grantees and country programs to ensure timely reporting of NTD data					X	X						X
Liaise with grantees and NTDCP to follow up on the implementation of post-MDA surveillance activities in districts that have stopped MDA	X	X	X	X	X	X	X	X	X	X	X	X
Continue strengthening the reporting system	X	X	X	X	X	X	X	X	X	X	X	X
NTD Mapping	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration and Coordination												
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	X	X	X	X	X	X
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	X	X	X	X	X	X
Participate in international NTD working groups and committees at the international and national levels	X		X		X		X		X		X	

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast	X											
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X				X	X		
Strengthen coordination with APOC for the management and technical direction of the onchocerciasis control/elimination program in End in Africa countries	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGDOs	X	X	X	X	X	X	X	X	X	X	X	X
Engage WHO AFRO and WAHO to address cross-border issues and coordination with government agencies			X	X	X	X	X					

Budget for FY2014

Oct. 2013 – Sept. 2014

		Year Four
	Line Item	**Oct 1, 13-Sept 30,14**
		Amount
I.	**SALARY & WAGES**	**617,867**
	African Country Offices	323,872
	HQ Office	293,995
II.	**FRINGE BENEFITS**	**153,353**
	Regional Technical Hub Office	68,918
	HQ Office	84,435
III.	**TRAVEL & TRANSPORTATION**	**623,283**
	Regional Technical Hub Office	522,074
	HQ Office	101,208
IV.	**EQUIPMENT**	**-**
	Regional Technical Hub Office	-
	HQ Office	-
V.	**SUPPLIES**	**24,310**
	Regional Technical Hub Office	24,310
VI.	**CONTRACTUAL**	**18,540,000**
	African Country Grants	**8,600,000**
	○ Niger HKI	2,500,000
	○ Burkina HKI	2,100,000
	○ Togo HDI	1,000,000
	○ Ghana CRS	1,200,000
	○ Sierra Leone HKI	1,800,000
	Regional Technical Hub Office (LATH, JSI, Deloitte)	**1,330,000**
	○ JSI	500,000
	○ LATH	530,000
	○ Deloitte	300,000
	PZQ Procurement	**8,600,000**
	○ FY2014	3,600,000
	○ FY2015	5,000,000
VII.	**OTHER DIRECT COSTS**	**981,130**
	Regional Technical hub office	948,348
	HQ Office	32,782

		Year Four
	Line Item	**Oct 1, 13-Sept 30,14**
		Amount
	TOTAL DIRECT COSTS	**20,939,943**
VIII.	**INDIRECT COSTS**	**1,665,992**
	Regional Technical Hub Office	725,564
	HQ Office	940,428
XII.	**GRAND TOTAL**	**$22,605,935**

Attachments

Attachment 1 – FHI360 FY2014 Work Plan for Ghana

Ghana

FY2014

Control of Neglected Tropical Diseases

Annual Work Plan

October 2013 to September 2014

September 2013

Submitted to: Bolivar Pou, Project Director, End in Africa Project, Family Health International (FHI360)

Submitted by: –FHI360, End in Africa, Ghana's hub

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Table of Contents

Acronyms and Abbreviations

APOC	Africa Program for Onchocerciasis Control
ASTMH	American Society of Tropical Medicine and Hygiene
CDD	Community Drug Distributor
CDTI	Community Directed Treatment with Ivermectin
CMS	Central Medical Stores
CNTD	Centre for Neglected Tropical Diseases
CRS	Catholic Relief Services
DHMIS	District Health Management Information System
DIP	Detailed Implementation Plan
TIPAC	Tool for Integrated Planning and Costing
FHI360	Family Health International
GAELF	Global Alliance for Elimination of Lymphatic Filariasis
GES	Ghana Education Service
GHS	Ghana Health Service
HRA	High Risk Adult
ICCC	Intra Country Coordinating Committee
IVM	Ivermectin
JAF	Joint Action Forum
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NMIMR	Noguchi Memorial institute for Medical Research
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
Oncho	Onchocerciasis
PZQ	Praziquantel
RMS	Regional Medical Stores
SAC	School Age Children
SAE	Severe Adverse Events
SCH	Schistosomiasis
SCM	Supply Chain Management
SHEP	School Health Education Program
STH	Soil Transmitted Helminthiasis
TAS	Transmission Assessment Survey
TF	Trachoma Folliculitis
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The Ghana Health Services (GHS) Neglected Tropical Diseases Program (NTDP) is in the process of implementing the FY2013 work plan of the United States Agency for International Development (USAID) funded End in Africa project managed by Family Health International (FHI360) to implement, monitor, and evaluate preventive chemotherapy (PCT) for the following five Neglected Tropical Diseases (NTDs): lymphatic filariasis (elephantiasis); schistosomiasis (bilharzia or snail fever); trachoma (blinding eye infection); onchocerciasis (river blindness) and soil-transmitted helminthiasis (intestinal worm infections).

FHI360 through its country office and the regional End in Africa team in Ghana will undertake direct implementation support to the GHS NTDP starting 1st November 2013, taking over this responsibility from Catholic Relief Services (CRS)–Ghana that has served as sub grantee to FHI 360 since October 2011.

The program is supported by several other external and national partners. This 2014 work plan is the culmination of a work planning meeting that brought together all partners to discuss and agree on priority activities that will help to reach the program goals of elimination and control of the five targeted NTDs.

In FY2013 the program undertook three rounds of mass drug administration (MDA) targeting schistosomiasis (SCH), soil transmitted helminthiasis (STH), onchocerciasis (Oncho) and lymphatic filariasis (LF); and also conducted treatment for some communities found to have Trachoma folliculitis (TF) rates above 5% during surveillance. These treatments targeted more that 10 million persons across the country for the targeted diseases.

In FY2014 the following key activities will be undertaken mainly with the support of USAID:

- Conduct one integrated round of community-based MDA for LF, Oncho and STH in 137 districts in second quarter (Jan to March) 2014. This MDA will target 10,722,817 persons for LF and 3,340,402 for Oncho. USAID will support this activity in 9 out of 10 regions (129 out of 137 districts) while the 10th region (Greater Accra that has 8 districts) will be supported by Liverpool Center for Neglected Tropical Diseases (CNTD).
- Conduct with the support of USAID one integrated round of school and community based MDA for SCH in 126 districts targeting 7,577,187 school aged children (SAC) and high risk adults (HRAs).
- Conduct one round of school based MDA for STH in 170 districts targeting 7,361,075 school-aged children between May and June 2014. The STH campaign will be integrated with SCH treatment in the 126 districts mentioned above that is supported by USAID. STH treatment in the remaining 44 districts will be supported by Partnership for Child development (PCD).
- Conduct a second round of community based treatment for Oncho (round 2) in 40 districts targeting 2,040,020 persons in July 2014 with the support of the African Programme for Onchocerciasis Control (APOC) and Sightsavers.
- With USAID support carry out night blood surveys or pre-transmission assessment surveys (pre-TAS) in 12 LF districts that have completed more than 7 rounds of MDA in November 2013.
- With USAID support carry out transmission assessment surveys (TAS) in 18 evaluation units (EUs) representing 45 districts that have attained an LF prevalence of less than one percent. It is expected that this can be achieved through training of 30 additional laboratory technicians

from all regions of the country on survey techniques for LF that will include techniques for pre-TAS and TAS. The training will take place just before the TAS in January-February 2014.

Other activities will focus on planning, monitoring and evaluation, advocacy and capacity building with some support from USAID. Specifically, the following activities will be carried out with USAID support:

- Hold one national post MDA review meeting in August 2014.
- Conduct MDA for trachoma in 1 community of 1 district in FY2014.
- Carry out trachoma case search in 7 districts adjacent to endemic districts.
- Hold quarterly Intra Country Coordinating Committee (ICCC) meetings for the NTD program.
- Update the tool for integrated planning and costing (TIPAC) for 2014.
- Develop publications on NTDP best practices, success stories, lessons learnt and impact surveys.
- Prepare projections for all NTD drugs for 2015.
- Hold capacity building training for NTD team in program planning, management and implementation.

Specifically, the following activities will be carried out with support from other partners:

- With Sightsavers support continue TF surveillance through community and school screening activities in 29 districts where MDA for blinding trachoma has stopped at the district level.
- With Sightsavers support conduct training of clinical staff and volunteers in all 29 endemic districts to identify trachoma cases.
- With Sightsavers and APOC support carry out entomological and epidemiological surveys according to the NTDP oncho surveillance plan.
- Build capacity of health workers, community volunteers and patients to implement lymphedema management. The NTDP currently has no funding for this activity but will continue to advocate for funding of this activity from other NTD partners.
- With support from the WHO Country Office in Ghana complete selection of communities with HRAs in category “A” and “B” districts for SCH treatment.

Background

The United States Agency for International Development (USAID) funded End in Africa project in Ghana is designed to support the Ministry of Health (MOH)/Ghana Health Service (GHS) Neglected Tropical Diseases Program (NTDP) to implement, monitor, and evaluate preventive chemotherapy (PCT) for the following five Neglected Tropical Diseases (NTDs): Lymphatic Filariasis (elephantiasis); Schistosomiasis (bilharzia or snail fever); Trachoma (blinding eye infection); Onchocerciasis (river blindness) and Soil-transmitted helminthiasis (intestinal worm infections).

FHI360 through its country office and the regional End in Africa team in Ghana will undertake direct implementation support to the GHS NTDP starting 1st November 2013, taking over this responsibility from Catholic Relief Services (CRS)–Ghana that has served as sub grantee to FHI 360 since October 2011. The contract between FHI360 and CRS will end 30th September 2013 but a no-cost extension has been signed between the 2 organizations for the CRS NTD team to continue supporting NTDP activities up to 31st October 2013, complete the required reports and submit them to FHI360 by the end of November 2013. CRS had employed an NTD Coordinator, an M&E Officer, 2 Finance officers and 2 Drivers to work directly with the NTDP and support program implementation. FHI360 has accepted the request of the NTDP to also employ and maintain the NTD Coordinator (who will now be a Senior Program Officer) and the 2 Finance Officers that were employed by CRS to ensure smooth transition and continuity of support to the NTDP. It was however agreed that the present monitoring and evaluation (M&E) officer will be replaced by a more qualified officer starting 1st November 2013 who will be able to address the M&E related problems of the NTDP. While FHI360 will recruit the 3 CRS personnel starting 1st November 2013, the present M&E Officer will be retained as a consultant during the month of November 2013 so he can support the report writing process. Furthermore, FHI360 has asked CRS to prepare and share a detailed plan of action (week by week) for September and October 2013. FHI360 will collaborate with CRS during the implementation of this detailed 2-month plan and gradually take over coordination of project activities towards the end of the 2-month period. It is hoped that this will ensure a smooth transition and prevent any negative impact of this transition on the implementation of NTDP activities.

The NTDP has completed mapping for all five NTDs and has been implementing mass drug administration (MDA) on a national scale since 2010. For Trachoma, all 29 districts that were endemic at baseline have stopped treatment at the district level with only one community in one district currently requiring treatment. There are 4 districts that have stopped treatment for lymphatic filariasis (LF) with 45 more out of the 74 LF endemic districts at baseline ready for transmission assessment surveys (TAS) to determine whether to stop MDA. An internal review of the parasitological and treatment data for schistosomiasis (SCH) and soil transmitted helminthiasis (STH) was conducted in June 2013 to redefine the country treatment strategy for both diseases. Available baseline parasitological data for SCH and STH are considered adequate for monitoring impact of MDA. SCH and STH treatment has been on-going for four years and districts endemic for SCH have been categorized according to prevalence to be treated once a year, once every 2 years or once every 3 years. Historically, SCH and STH treatment mainly targeted school enrolled school age children (SAC). Moving forward, he NTDP will gradually upscale treatment to include all SACs (school enrolled and non-school enrolled) for SCH and STH and high risk adults (HRAs) for SCH. Treatment for STH is conducted at least once a year for all SACs in all 170 districts. SACs in districts treated for LF are considered to be receiving a second treatment for STH each year. Onchocerciasis (oncho) treatment is conducted annually in 73 districts, among which 40 districts that have relatively high oncho prevalence are treated twice a year receiving the second treatment 6 months after the first.

The NTDP works with several partners in addition to USAID that include the Liverpool Centre for Neglected Tropical Diseases (CNTD), Partnership for Child Development (PCD), African Program for Onchocerciasis Control (APOC), Volta River Authority (VRA) Ghana, School Health Education Program (SHEP) of the Ghana Education Service (GES) and Sightsavers.

In 2013 the country program undertook three rounds of MDA, targeting SCH, STH, Oncho and LF. Eight communities were also treated for Trachoma. Coverage for these MDAs ranged between 75 to 90% in various districts. Activities were undertaken to coordinate partners support to the program and also improve on the programs visibility both in country and internationally.

Table 1: NTD program in *Ghana*

Disease	Number of endemic districts (at baseline)[22]	Number of non-endemic districts (current)	Number of districts needing mapping	Number of districts with ongoing MDA		Number of districts needing MDA, but MDA not yet started	Number of districts where MDAs have been stopped
				USAID-funded	Others		
Schistosomiasis	170	0	0	170	39[23]	0	0
Soil-transmitted helminthes	11	159	0	170[24]	44[25]	0	0
Lymphatic filariasis	74	96	0	70	0	0	4
Onchocerciasis	73	97	0	73	40[26]	0	0
Trachoma	29	141	0	0	0	0	29*

**Treatment stopped at district level but 1 community in 1 district will be treated because prevalence in this community was discovered to be >5%.*

Goals for the year 2014

Based on the progress made by the program in previous years, the following goals have been set for FY2014:

[22] Districts have been re-demarcated and the number of districts at baseline has changed.

[23] VRA provides some funding to support SCH treatment in 39 districts in Volta, Eastern and Northern regions. This means there are 39 districts receiving support from USAID and VRA. To avoid duplication of efforts in these 39 districts VRA support will be entirely for community based treatments while USAID will support school based treatment.

[24] Even though there are only 11 districts requiring MDA for STH in Ghana according to World Health Organization (WHO) guidelines, the MOH/GHS Ghana has a policy of treating all SAC at least once a year. This is in consideration of the negative effect that STH infection has on growth and school attendance among children especially SAC, and also the fact that the environmental factors in Ghana are still favorable to high transmission of STH and reinfection among children.

[25] PCD provides some funding to support STH treatment in 44 districts that are not treating for SCH. This means there are 44 districts receiving support from USAID and PCD. To avoid duplication of efforts in these 44 districts PCD support will be entirely for community based treatments while USAID will support school based treatment.

[26] The 2nd community based MDA for oncho in these 40 districts will be supported by APOC and Sightsavers while the first MDA in 73 districts is supported by USAID.

- Continue with MDA for LF in 70 districts, Oncho in 73 districts, SCH in 126 districts[27] and STH in 170 districts reaching at least 75% of targeted persons by September 2014.
- Continue surveillance for Trachoma in 29 districts endemic at baseline; and also surveillance in Oncho and LF sentinel sites. The NTDP has teams of trained and experienced technicians that conduct these surveys in the field. While surveillance for trachoma by a team of well-trained regional and national level GHS personnel has been ongoing for the past 4 years, the NTDP has noted the need for training of new technicians to conduct surveys for oncho, LF, SCH and STH and made a technical assistance (TA) request in FY2013 for these trainings of new laboratory technicians that will now be implemented in FY2014. These trainings are expected to take place before the surveys are conducted in FY2014. Surveillance for onchocerciasis (both entomological that involves capture, dissection and PCR study of the vector the black fly and epidemiological that involves skin snipping and microscopy) is supported by Sightsavers and APOC and will be continued by the team of technicians that are planned to be trained through the TA being requested. Surveys for LF (pre-TAS and TAS) are to be supported by USAID and will also be conducted by the team of technicians to be trained.
- Aggressively scale down LF treatment by conducting TAS in 18 evaluation units (EUs) for stopping MDA in at least 45 districts by September 2014. FHI360 will start making arrangements for procurement of immunochromatographic tests (ICT) cards for this survey in September 2013 for the survey to start in January 2014. The training of technicians that will be conducted through the TA requested will increase the number of technicians available for this survey.
- Implement revised strategy for SCH and STH control.
- Strengthen the capacity of the NTDP to conduct impact assessment surveys for all targeted NTDs.
- Enhance program visibility through publications, interaction with existing and potential partners and outdoor advertising. Outdoor advertising is intended to increase program visibility and hopefully compliance to treatment within Ghana and will involve both social mobilization and behavior change communication campaigns that will be implemented using billboards, posters, through photo exhibitions, and through documentation of lessons learnt and best practices. The NTDP has submitted a request to FHI360 for the recruitment of a communications support consultant to work with the NTDP for this purpose.

[27] 126 districts are targeted for FY2014 because the number of districts covered for SCH changes each year based on the category of the districts. Category A districts (prevalence ≥50%) are treated each year; category B (prevalence ≥10% and <50%) are treated once every 2 years, and category C districts (prevalence <10%) are treated once every 3 years. The NTDP has developed a spreadsheet that indicates when all endemic districts are treated.

Main Activities

Support NTD Country Program Planning Process

Update the tool for integrated planning and costing (TIPAC) for 2014. With technical support from the End in Africa regional hub in Accra, training was conducted on TIPAC in January 2013. NTDP staff will be trained in FY2014 to update the TIPAC for Ghana in the first quarter of FY2014.

Prepare projections for all NTD drugs for 2015. In the second quarter of FY2014, projections will be made for requirements of all medicines needed for FY2015.

Implement recommendations of the internal SCH/STH review. An internal review of SCH and STH parasitological and MDA data was conducted in June 2013 in which NTDP personnel and representatives from FHI360, SHEP, VRA, CRS and the Noguchi Memorial Institute of Medical Research (NMIMR) participated. The following key decisions were made during this review: (1) available parasitological data on SCH and STH are considered adequate and will be used as baseline for monitoring impact of MDAs on the SCH and STH prevalence in the endemic districts; (2) treatment for SCH and STH have so far been limited and not enough for Ghana to move towards elimination of SCH as SACs that do not attend school and HRAs in the endemic districts have not been targeted. The NTDP will implement recommendations of this review meeting that include the following: (1) all SAC will be targeted during MDAs for SCH and STH in endemic districts; (2) the NTDP will identify and treat all HRAs for SCH in category A and B districts; (3) in future years the NTDP will treat the entire population in category A and B districts for SCH as Ghana moves towards elimination of SCH; (4) the NTDP will collaborate with NMIMR and VRA to improve research in Ghana that relate to SCH and STH.

Host cross border meetings and synchronize treatment of border communities for NTDs. To be able to address issues that impact the control of NTDs along border communities with neighboring countries, the program expects to host meetings with other country programs to, among other things, synchronize MDAs and ensure effective coverage in border communities. FHI360 will take a proactive role in promoting cross border meetings and other cross border collaboration such as synchronized surveillance for NTDs in border areas in coordination with WHO. Furthermore, FHI360 is also recommending that a subregional body such as the West African Health Organization (WAHO) in collaboration with WHO be given the responsibility of coordinating an annual cross border meeting for all NTD endemic countries in West Africa instead of having 3-4 such meeting taking place each year. WAHO and WHO can better coordinate cross border activities and ensure that recommendations made during these cross border meetings are implemented. A manuscript on this topic has been submitted for review to PLOS NTDs and we await their decision on whether they will publish it or not.

Mapping

Mapping for all diseases are completed and disease maps are available for all five targeted NTDs.

Scaling up NTD National Program

The number of districts to be treated for each of the diseases is detailed in the disease workbook for 2014 which is attached as an appendix.

Generally all diseases will be treated in all endemic districts to ensure 100% geographic coverage. Due to the focal distribution of SCH, the program needs to finish selection of communities with HRAs in category "A" and "B" districts to better focus SCH treatment. This activity that was started in 2012 will be funded by WHO Ghana and VRA. In the case of Trachoma, post-MDA surveillance has indicated that treatment has to be conducted in 1 community of 1 district in FY2014.

Table 2 below summarizes targeted districts and populations for MDA in 2014.

Table 2: Target districts and estimated target populations for 2014 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts	# of people Targeted
SCH	SAC and "At risk" Adults	annually	School and Community MDA	126	7,577,187[28]
Oncho	Entire population above 5 years	2 times annually	Community MDA	73	3,340,402
LF	Entire population above 5 years	annually	Community MDA	70	10,722,817
STH	SAC	annually	School MDA	170	7,361,075
Trachoma	Entire population	annually	Community MDA	1 districts (1 community)	700

Mass Drug Administration

MDA Strategy

There will be 4 rounds of MDA conducted in FY2014 as listed below.

Community-based MDA for LF, Oncho and STH

One integrated round of community-based MDA for LF, Oncho and STH is planned to take place in January/February 2014 in 133 districts. Planning meetings, trainings, drugs and supplies distribution and community mobilization for this MDA will start in December 2013. Actual MDAs to at-risk populations is expected to last for 5 to7 days.

School and community based MDA for SCH and STH

One integrated round of treatment for SCH in 126 districts and for STH in 170 districts will be conducted between May and June 2014. Planning meetings with GES/SHEP, cascaded trainings, drugs and supplies distribution and community mobilization for this MDA will start in April 2014. Actual school-based and community-based MDA is expected to last up to one week.

Community based MDA for Oncho

One round of community based treatment will be conducted for Oncho (round 2) in 40 hyper endemic districts in July 2014. This MDA will be funded by APOC and Sightsavers and conducted using the

[28] This number comes directly from the planning work book for FY2014 which takes into consideration the SAC and HRA in all 126 districts targeted for treatment. We will have to modify the drug projections accordingly.

community directed treatment with ivermectin (CDTI)[29] approach with drug distribution estimated to last for about one month.

Community based MDA for trachoma

MDA for Trachoma will be conducted in one community that was discovered during surveillance in 2012 and 2013 to require MDA. This is a community that still has Trachoma folliculitis (TF) prevalence that is >5% among children 1-9 years of age. While Trachoma surveillance is still ongoing, if any new communities are found to require treatment they will be added on.

Training

Trainings will be held at all levels in a cascaded manner to ensure that all persons involved in MDAs receive some training relevant to the MDAs for the year. The trainings will focus on three cadres of persons. These are health (GHS) and education (GES) staffs at the regional, district and sub-district/circuit levels; and community volunteers at the community level. To be able to bring to the fore specific issues on supply chain management (SCM), the NTD training manual has been updated with an addendum on SCM and standard operational procedures (SOP) for drug management at all levels[30].

Training will focus on the topics below:

- MDA supervision and monitoring.
- MDA implementation.
- SCM and SOPs for MDA drug management.
- Social mobilization for MDA.
- Record keeping and reporting after MDA.

[29] Round 1 is the LF/oncho/STH integrated campaign in 133 districts. 70 districts are targeted for LF and 73 for onchocerciasis = total of 143 districts. However, LF and onchocerciasis overlap or are co-endemic in 10 of these 144 districts thus bringing the total number of districts budgeted for this campaign to 133. With this round 1 MDA for LF has to be conducted in rural and urban areas and the campaign is done within 5 days or longer in a few areas (up to 7 days). With the second round MDA is conducted only in rural areas and this makes it possible for communities to direct the MDA through the selection and monitoring of CDDs that distribute the medicines. There is need for the NTDP to guide the community on the month to distribute and the duration of the distribution period for 2 main reasons. Firstly, the NTDP depends on funding from Donors and the distribution period is dependent on the time that these funds are made available. Secondly, the second round treatment has to be conducted 6 months after the first round to have maximum effect on the microfilariae.

[30] The GHS training manual has just added on the SOPs developed with John Snow Incorporated (JSI) as an addendum. The NTDP and FHI360 will work with JSI to develop a curriculum for training on the SOPs.

Table 3: Training Events[31] - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MOH/MOE at Central Level	MDA supervision and monitoring MDA implementation SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA		30	30	1	National Office
Supervisors	MDA supervision and monitoring SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA		3,600	3,600	1	Regional Health Directorate
Supply chain managers	MDA implementation SCM and SOP for MDA drug management Record keeping and reporting after MDA		200	200	1	Regional Health Directorate
Drug distributors	SCM and SOP for MDA drug management Record keeping and reporting after MDA		25,000	25,000	1	Sub district Health Center
Other (Teachers)	SCM and SOP for MDA drug management Record keeping and reporting after MDA		30,000	30,000	1	Circuit office

Community Mobilization and Information, Education and Communication (IEC)

After several years of MDA implementation, endemic communities have come to accept and even expect annual treatments. Community ownership and participation in MDAs is good. However the inconsistency of the timing of MDA creates situations where some community members are either absent or engaged in other activities and are unavailable to receive treatment. To address this issue in FY2014, the program will work with partners[32] to ensure that dates for scheduled MDAs are adhered to and communities are informed well ahead of time of these dates.

[31] These are all trainings that have been developed in-country with the support of partners such as JSI and using WHO guidelines. The NTDP has a training manual for training of all those involved in NTDs at the different levels (national, regional, district and community) that is updated regularly depending on new guidelines provided by WHO. As noted above, JSI has provided new guidelines through the SOPs for SCM and will work with the NTDP to incorporate these SOPs in the training curriculum.

[32] In the past funding from different partners has not been made available at the same time thus leading at times to delays in the implementation of MDAs. However, the NTDP recognizes that partners have to be informed well ahead of MDAs so they can make their contributions available. The NTDP will try to inform partners of all impending MDAs, their dates and make follow ups to ensure availability of funds at the appropriate time.

In FY2014 the following specific actions will be conducted as part of health education, sensitization and community mobilization:

Reproduction of IEC materials:
IEC materials which are already in use by the program at school and community levels will be reproduced as required for use in FY2014 since stocks of materials are depleted at the national level. This reproduction will be informed by a review of how previous materials have been deployed and utilized at the community level. As the IEC materials available are considered good by the NTDP this review will be conducted in October 2013 by a group of participants from the regions, districts and national levels and involve only the updating and changing of logos (i.e. branding) to reflect changes in support provided to program implementation. IEC materials will be distributed together with drugs and other supplies needed for MDA.

Success stories
The program, at all levels, will document success stories and some of these will be shared in local print and electronic media to enhance acceptability of the program. To enhance the enthusiasm of regional and district teams to share success stories, the program will recognise and reward the best success stories from regions during the annual review meeting. Special certificates of recognition signed by senior officials of the GHS and partner organizations will be provided to deserving personnel of the GHS. Success stories will also be shared with FHI360 in semi-annual reports. The NTDP has made an official request to FHI360 for the recruitment of a communications support consultant who will guide the NTDP to implement the activities mentioned above. This consultant should have some expertise on photography to provide good pictures for documentation of lessons learned and best practices through articles and success stories in the End in Africa website and twitter, and also for the photo exhibitions that the NTDP will be organizing in the future.

Local Social Mobilization:
Cultural practices vary by geographical area and these practices determine the methods of social mobilisation that are effective. In rural areas methods such as community meetings, roof top announcements and the use of town criers to disseminate dates of MDA and other NTD related messages is more effective and have been used during previous MDAs , while in the capital Accra and in the regional headquarter towns television and radio announcements have been more useful for social mobilization. The program has therefore budgeted accordingly for social mobilization through television and radios to be used in the capital and regional headquarter towns while roof top announcements, town criers and community meetings will be used in rural areas to communicate messages on MDA.

Supervision

Supervision of MDA will be done along the GHS structure of national, regional, district and sub district health systems. FHI360 plans to employ and maintain the same number and category of technical staff to support implementation of NTDP activities as were employed in previous years. These staff will work with the NTDP as part of the supervisory team at the national level.

Funding will be provided for the NTDP to conduct supervision at all levels as part of the MDA budget. Supervision will be done using GHS developed monitoring checklists at all levels. This will ensure that supervision is standardized.

National supervisors will be oriented prior to visiting regions for monitoring. They will be required to send reports on issues that need urgent attention to the NTDP Manager during the course of the MDAs. Regional and district supervisors will be trained prior to each MDA as outlined above in table 3.

Supply Chain Management

Quantification has been done for all medicines to be used in FY2014 and a joint request for selected medicines has been sent to WHO for approval. The estimation for Praziquantel (PZQ) has been done by the program. Table 4 below shows estimated time lines for drug delivery. The PZQ supplier RTI/Envision Project was unable to import the PZQ consignment on time in FY2013 due to the fact that the intermediate supplier, IDA, could not register their product with the drug regulatory authority. At the time this report was prepared, IDA was in the process of providing required quality data to obtain registration. In future years, it is hoped that the supplier will provide assurance that registration requirements are in place in a timely manner in order to avoid delaying MDAs as is happening in FY2013. Since FHI360 will be responsible for PZQ procurement in FY2014, the procurement process will be started early in October 2013 and action will be taken so that PZQ can be available to the NTDP in March 2014.

Drugs will be received at the Central Medical Stores and distributed to Regional Medical Stores by GHS. Districts will pick up their allocations from their respective regional stores and distribute to sub districts. Volunteers will be allocated drugs from the sub districts as required for the communities they treat.

In order to ensure that donated NTD medicines are managed according to GHS established policies and regulations, the NTDP is now shifting the responsibility of managing NTD medicines from the district level NTD focal points to district pharmacists and this will be extended to all districts in FY2014. It was noted recently that involving regional and district pharmacists in the management of NTD medicines improves SCM and for the past 3 years the NTDP has ensured that regional and district pharmacists are trained on NTDs by inviting them to NTD trainings organized in the regions and districts. Unused drugs after MDAs will be retrieved to regional medical stores for storage and redistribution during the next MDA.

Table 4: NTD Medicines Estimated for the year FY2014

Drug	Source of drug (Donation program, USAID-funded source, or government procurement) *	Quantity of drug requested	Date of Application (Month/Year)	Requested delivery date (Month/Year)
IVM	Merck and Co. Inc.	46,217,062	February 2013	September 2013
ALB	GlaxoSmithKline (GSK)	14,066,990 (LF -10,567,153 STH - 3,499,837)	February 2013	September 2013
PZQ	USAID (End in Africa)	13,642,702	April 2013	March 2014
Azithromicin (tabs)	Pfizer	24,000	May 2013	September 2013
Azithromicin POS Suspension	Pfizer	432	May 2013	September 2013
Tetracycline ointment	Government of Ghana	1,850	July 2013	September 2013

Management of Serious Adverse Events

The GHS, through its Pharmacovigilance Unit, using reporting systems established by WHO and the pharmaceutical companies, reports all serious adverse events (SAEs) for donated medicines as well as medicines procured using USAID-funding. GHS' SAE reporting mechanisms starts from the community volunteer, or health facility (depending on where the patient reports first) to the district health office, through the regional health office and finally to the national NTDP office. Once a report is generated at the district level, it is picked up by the Food and Drugs Authority (FDA) agents at the district level and a parallel report is sent to the FDA Pharmacovigilance unit centrally. FHI360 will support the GHS to ensure that this system operates efficiently.

Specifically the following will be done:

- Community volunteers and health care workers as first point of contact will be trained during refresher trainings to immediately report cases of SAEs to the district NTD focal person as soon as such cases are detected.
- The district NTD focal point also reports the case of SAE immediately to the NTDP manager.
- The NTDP manager will ensure that SAEs are reported within 24 hours of notification to FHI360, USAID as well as to the pharmaceutical companies whose drugs are involved. The district NTD focal point will ensure that an SAE form (Pharmacovigilance form) is also immediately completed and sent to the Pharmacovigilance unit of the GHS and the Program Manager concurrently. In the case of death, GHS at the district and regional level will coordinate and facilitate a thorough investigation of circumstances surrounding the death including a post mortem examination of the body. Findings from this investigation will be shared with all stakeholders by the NTDP Manager.

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

FHI360 in collaboration with the NTDP will submit semi-annual reports at the end of the reporting period (by 15th of March and 15th of September 2014) with the approval of the NTDP Manager and in compliance with END project reporting guidelines.

The NTDP will utilize tools for data collection that are currently in country in order to avoid duplication and additional burdens on the GHS and front-line data collectors. These tools have however been modified recently to capture sex disaggregated data

While late reporting after MDA remains a challenge, the situation has seen some improvement. The NTDP will continue with early follow up with all regional and district offices after MDA to ensure reports are compiled and sent on time. There are challenges with the quality of data which also contributes to late reporting since reports of low quality are rejected either at the regional or national level.

GHS has developed a District Health Management Information System (DHMIS) for all its public health programs nationwide. This system is web based and data is entered at the district level by information officers and can be accessed online in real time. The NTD program is working with the Policy Planning Monitoring and Evaluation (PPME) unit of the GHS to upload NTD reporting tools within this system. Training of district officers on reporting NTD treatment data within this system will be supported by the NTDP. It is not yet clear when NTD reporting will be fully functional in this platform but the NTDP is advocating with the appropriate authorities to get this started. It is expected that this system will address the problems of reporting noted in the paragraph above.

Program Assessments and Transition to Post-MDA Elimination Strategy

The Ghana Program has reached the transitioning stage where several districts need to be re-assessed for continuation of MDA. So far, 4 out of 74 districts have stopped MDA for LF and 36 more were due for TAS in FY2013. In FY2013 night blood surveys (pre-TAS) was conducted in 12 EUs representing 21 districts. Results of the surveys are out and show that only 9 of the 21 districts surveyed passed the pre-TAS and are eligible for TAS in FY2014. The NTDP has identified poor compliance and high refusal rates in specific sub district areas as the main reason for the poor results and suggests that special attention should be given and social mobilization intensified in these specific sub district areas while MDAs will continue in 12 of the 21 district that did not pass the pre-TAS for another 2 years. Consequently, TAS will be conducted in 18 EUs representing 45 districts (36 that should have been covered in FY2013 and the 9 that have just passed the pre-TAS). In FY2014 the ICT cards needed for TAS in the 18 EUs representing the 45 districts will be procured by FHI360 using USAID funds and the procurement process will start in September 2013.

For FY2014, the following assessment activities will be supported with funding from USAID:

- Hold one national post MDA review meeting in August 2014.
- Carry out Trachoma case search in 7 districts adjacent to endemic districts. The trachoma program has well-trained ophthalmology technicians that have been conducting surveys for trachoma in previously endemic districts. These technicians will be conducting similar case search within

randomly selected communities in these 7 districts. After randomly selecting communities within a district, houses and families to be screened are also randomly selected within these communities. The screening is conducted through examination of the eyes by trained ophthalmology technicians.

- Carry out night blood surveys in 12 LF districts that have completed more than 7 rounds of MDA (November 2013). These districts are being studied now after more than 7 rounds because some were surveyed previously and did not pass the pre-TAS. Districts that did not pass previous pre-TAs have had 2 more rounds of MDA and can be surveyed now.
- Carry out TAS in 18 EUs to decide whether to stop MDA in 45 districts that have attained an LF prevalence of less than one percent.
- Hold quarterly Intra-Country Coordinating Committee (ICCC) meetings for the NTD program.

Other assessment activities that will be funded by Sightsavers Ghana are:

- Conduct TF surveillance activities in 29 districts where MDA for blinding trachoma has stopped at district level (March to April). Active trachoma case search will be conducted in 58 communities (i.e. 2 randomly selected communities in each of the 29 districts endemic for Trachoma at baseline).
- Conduct screening of school age children (1-9 years) in 145 schools (i.e. 5 schools randomly selected in each of the 29 trachoma endemic districts) in October 2013.
- Conduct screening for TF to detect communities with TF prevalence >5%.
- Training of clinical staff and volunteers in all 29 endemic districts to identify trachoma cases.

Sustainability issues

The Ghana NTDP is well established and has adequate technical capacity at the national regional and district levels to implement program activities. Sustaining the gains made by the program towards elimination and control goals will depend on continuous funding even beyond donor support. FHI360 will work with the NTDP and its partners to develop a sustainability plan that will advocate for local governments to provide funding for MDAs in endemic districts.

Unique country features that can affect programme performance

Ghana has a decentralized system of governance in the health service that delegates decision making to regions and districts. While the national NTDP manager gives overall program direction, the final decision on when to carry out program activities such as MDAs rest with regional and district health authorities. This, in addition to the poor synchronization of funding from NTD partners, can also result in delays in the implementation of MDAs. To avoid such delays the NTDP has to continuously network with regional and district authorities to build consensus and agree on MDA dates and dates for other NTDP activities.

Short term Technical Assistance Request

The NTDP is requesting 3 TA for FY2014: TA for updating TIPAC; TA to develop training curriculum on SCM; and TA to conduct training of laboratory technicians on surveys relating to LF, onchocerciasis, SCH and STH. TA for updating TIPAC: The Institutional Capacity Building Advisor in the End in Africa project conducted training on TIPAC in January 2013 but feedback from the NTDP has indicated that the NTDP personnel have to be further guided on the use of the tool to generate program information from year

to year. TA is therefore requested for a week during which NTDP personnel will be guided on how to update data that was put in the tool during and after the previous training in January 2013.

Developing training curriculum on SOP for SCM: The generic SOP developed by JSI for SCM was adapted to the Ghana situation by the NTDP using local policies on SCM. The NTDP is requesting further support from JSI to develop a curriculum for SCM that can be included in the existing NTD training manual.

TA for training of laboratory technicians on surveys for LF, onchocerciasis, SCH and STH: The NTDP in Ghana has made significant progress with MDA for the targeted NTDs and presently an increasing number of districts are reaching the stage where M&E surveys have to be conducted to determine: (1) MDA impact at specific intervals (impact assessment surveys depending on the WHO guidelines); and (2) when to stop MDA for the individual diseases. The NTDP Ghana has technical teams responsible for the studies on the different NTDs. However, most of the technicians in these teams are either retiring or close to retiring and therefore have to be replaced by new and younger laboratory technicians who need very specific training for the different diseases. Furthermore, the number of people in the technical teams for these surveys has to be increased because the amount of work involved has increased significantly as more districts have to be surveyed within a strict schedule as stipulated in the WHO guidelines on M&E for NTDs. 30 technicians are expected to be trained on Kato Katz technique for SCH and STH impact assessment; pre-TAS and TAS for LF impact assessment; entomological (capture, dissection of the black fly and microscopy) and epidemiological (skin snip and microscopy) surveys for oncho. Except for the entomological training for oncho, which requires up to 3 weeks, the other trainings will last for less than 1 week.

Table 5 below indicates the TA requested from FHI360/USAID for FY2014.

Table 5 Technical Assistance Requests

Task-TA needed	Why needed	Technical skill required	Number of Days required
TA to update the TIPAC for FY2014.	The NTDP has indicated that they cannot do the updating of the tool on their own	Expertise on TIPAC	1 week (This activity is expected to be carried out in the first quarter of FY2014.)
TA to develop training curriculum for the topics in the SOP for SCM	Knowledge on SCM is still limited within the NTDP	Very good knowledge of the SOPs for SCM	1 week (This activity is expected to be carried out in the first quarter of FY2014 to be ready for MDA in January/February 2014)
TA to train up to 30 new technicians for surveys relating to LF, onchocerciasis, STH and SCH	New and younger laboratory technicians are needed to replace those that have retired (or are retiring) and more districts have to be surveyed in the next 2-3 years.	Knowledge on the different surveys mentioned above for LF, onchocerciasis, SCH and STH	3 weeks for entomological studies on oncho, and 5 days for epidemiological evaluation for oncho, Kato Katz technique, pre-TAS and TAS.

Financial Management

There has been a change in the funding mechanism for supporting the MOH/GHS to a Fixed Obligation Grant (FOG) mechanism. After initial challenges in implementing this new funding mechanism in FY2013, FHI360 and the NTDP have perfected working with the mechanism through dialogue and proper training. The program is working on detailed costing of all program activities to ensure adequate funding.

A joint work planning workshop was held in May 2013 involving all program donors to agree on the program's focus for FY2014. Donors have pledged support for NTDP activities and the NTDP team at national level is developing a detailed implementation plan (DIP) with indicative budgets for all partners. A training and implementation workshop will be held in the first quarter of 2014 to review the TIPAC for the year.

Facilitate Collaboration and Coordination

The Ghana NTDP has set up an ICCC led by the MOH which brings together all in country stakeholders of the program. This committee is the forum for coordination among NTD stakeholders and is supporting the NTDP to work towards achieving its goals. The ICCC has formed three sub committees (Technical, Advocacy and Fund Raising) which are working to support these aspects of the programs activities.

A communication support consultant will be hired by FHI360 to support the NTDP and will, among other tasks, support the development of video documentaries and success stories to be shared with stakeholders and MOH/GHS at all levels.

The program will coordinate with the Guinea Worm Program to have NTD volunteers ask for cases of guinea worm during MDAs as part of continuing guinea worm surveillance for certification of elimination.

Proposed Plans for Additional Support to the National NTDP

The NTDP will explore the possibility of adding messages on LF to malaria messages during campaigns to distribute insecticide treated nets (ITN) especially in LF endemic districts. The NTDP will also explore the possibility of adding messages on STH and other NTDs during hand washing campaigns organized by GES/SHEP. These opportunities as well as other potential avenues for collaboration with other public health programs will be pursued in FY2014. The NTDP hopes to convince the programs mentioned to make some slight modifications to their activities that can positively impact on the NTDP and will not need any funding for this.

Environmental Monitoring Plan

The program will monitor the effects of its activities on the environment at all levels of implementation. Technical reports generated from the district level will be transmitted in electronic format to reduce the use of stationery. Measuring poles that have been produced by the program will continue to be used and will be stored after each MDA to be available for reuse to reduce the tendency of new ones being procured for each MDA.

Expired drugs will be disposed of following GHS approved disposal procedures. All expired drugs from sub district and districts will be returned to the Regional Medical Stores where they will be aggregated. An audit team comprising the Food and Drugs Board, Pharmacy, Stores and Accounts departments will be constituted to audit the drugs and recommend for their disposal. Disposal will then be done either by incineration or by burying as recommended by the team.

Travel Plans

It is anticipated that the program will support two people from the NTDP to attend the following international meetings within the year:

1. Meeting of the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF);
2. Meeting of the Joint Action Forum (JAF) for onchocerciasis control/elimination in Africa;
3. Meeting of the American Society for Tropical Medicine and Hygiene (ASTMH).

Staffing

The NTDP has requested officially for a communication support consultant to be hired by FHI360 to support the implementation of the communication plan of the NTDP. The consultant will be hired for this purpose for a maximum of six month in FY2014. Similar to the support provided in previous years, FHI360 will employ a Senior Program Officer, an M&E Officer, 2 Finance Officers and 2 Drivers to work directly with the NTDP to support program implementation.

Timeline

Timelines for Implementation of Major Activities in FY2014 Work Plan

Activity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Community-based MDA for LF, Oncho and STH				■	■							
School and Community-based MDA for SCH and STH								■	■			
Community-based MDA for Oncho in 40 districts										■		
Hold one national post-MDA review meeting in August 2014											■	
Conduct TF surveillance activities in 29 districts									■	■	■	
Train clinical staff and volunteers to identify trachoma cases		■	■	■	■							
MDA for Trachoma in 1 community in 1 district		■										
Trachoma case search in 7 districts		■	■	■	■							
Carry out night blood surveys in 12 LF districts that have completed more than 7 rounds of MDA (November 2013)	■	■	■									
Carry out TAS in 45 districts that have attained an LF prevalence of less than one percent			■	■	■							
Hold ICCC meetings for the NTD program	■			■			■			■		
Update TIPAC for FY2014		■										
Develop publications onthe successes and achievements of the NTDP	■	■	■							■	■	■
Prepare projections for all NTD drugs for FY2015					■	■						
Selection of HRAs in category "A" and "B" districts for SCH treatment		■	■	■								
Capacity building in program planning, management and implementation	■											
Conduct entomological survey for oncho in 15 districts				■	■			■	■	■		
Conduct epidemiological survey for oncho in 23 districts				■	■			■	■	■		
Conduct capacity building on lymphedema management		■										

Attachment 2 – HKI FY2014 Work Plan for Niger

Executive Summary

Integrated mass drug administration (MDA) campaigns have been conducted in Niger for 6 consecutive years, treating 6 million in 2007; 8 million in 2008; 10.4 million in 2009; 11 million in 2010; 10.6 million in 2011; and 10.8 million in 2012. Program partners include the National Eye Health Program (PNSO), the National Schistosomiasis (SCH) and Soil-Transmitted Helminths (STH) Control Program **(**PNLBG), and the National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis **(**PNDO/EFL). Since October 2011 funding for control of neglected tropical diseases (NTDs) is mainly provided by the United States Agency for International Development (USAID) through Family Health International 360 (FHI 360) and Helen Keller International (HKI). Other partners, such as The Carter Center (TCC) and the International Network for Planning and Control of SCH (RISEAL), are also involved in implementing activities targeting trachoma and SCH.

The fiscal year (FY) 2014 campaign will take place in October 2013 with support from the following traditional partners: the Ministry of Public Health (MSP), the Ministry of Education (MOE), TCC, RISEAL, and the beneficiary communities. The national NTD program anticipates USAID funding for mapping, impact assessments, and MDA activities in FY2014. Mapping for Lymphatic filariasis (LF) is planned in 2 health districts (HDs): Fillingué (mapped in 2003) and Arlit (to be mapped for the first time). Mapping for trachoma is planned in 4 HDs of Agadez region. Transmission Assessment Survey (TAS) for LF is tentatively planned for 9 HDs in the regions of Maradi, Tahoua, Dosso and Tillabéri pending the results of pre-TAS assessments conducted in FY2013. Pre-TAS assessments are also planned for the HDs Niamey-2 and Niamey-3. An integrated SCH/STH impact assessment is planned for the eligible HDs of Arlit, Diffa, Mainé, and N'guigmi. 7 HDs will undergo impact surveys for trachoma in FY2014, as well. LF MDA will be implemented in 30 HDs, SCH MDA in 11 HDs, STH MDA in 34 HDs, and trachoma MDA in 18 HDs.

In preparation for the FY2014 distribution campaign in October 2013, HKI will support the implementation of regional micro-planning workshops to fine-tune activity planning and budgeting in advance of the activities, ensure comprehensive understanding of the program, and enable quicker troubleshooting of problems. After the series of micro-planning sessions, Fixed Obligation Grants (FOGs) will be drafted and submitted to the governors and the Minister of Health for signing before funding is made available to the various recipients, who will immediately launch training and community-mobilization activities. During this time, the National Office of Pharmaceutical and Chemical Products (ONPPC) will transport all necessary tools and drugs to the health districts. The actual distribution will begin immediately after all preparatory activities are completed. In addition to MDA activities, national programs have planned mapping and impact assessment surveys for eligible communities/areas, to take place at the programmatically appropriate time following MDA. These will be implemented as

follows: impact assessment will take place at least 6 months after MDA; and mapping will be done at a time to be determined by the NTD programs.

During the MDA, supervision will occur at all levels to ensure the quality of all MDA-related activities. Supervisors will be given the flexibility to address any potential issues that may be detected in the field following discussions with their colleagues to identify the most appropriate solutions. Supervisors will also ensure that serious adverse events (SAEs) are monitored and reported during and after distribution. SAEs will be reported within 24 hours to the National NTD Coordinator, who will inform national officials and the HKI NTD Coordinator. The HKI NTD Coordinator and Country Director will then notify the HKI Headquarters/Regional team, who will inform FHI360.

Alongside MDA activities, targeted NTD awareness-raising efforts will be undertaken at the regional, district, and community levels to ensure that populations are well-informed on NTDs and the MDA campaign. Social mobilization activities will be intensified around the time of the MDA campaigns for optimal effect.

In order to ensure that the data collection indicators are in line with WHO/USAID guidelines and requirements, HKI will ensure that the monitoring and evaluation framework and the disease and program workbooks are available to all NTD stakeholders in Niger and that these stakeholders are able to fill them out correctly. Due to a delay in the receipt of the central-level Ministry of Health (MOH) signature that was needed to authorize the FOG developed for FY2013 MDA planned for May 2013, the NTD program was unable to conduct and report MDA for FY2013 because by the time the signatures were provided it was already too late to begin the cascade trainings and distribution within communities as rainy season was beginning and schools were closing.[33] Consequently, the FY2013 MDA campaign that was scheduled for May 2013 and did not occur is now postponed to FY2014 and MDA data will not be reported for FY2013. The FY2014 MDA campaign is planned for October 2013, which means that the reports for this MDA will be available in December 2013-January 2014.

HKI-Niger's FY2014 work plan is in line with Niger's 2012-2016 NTD Strategic Plan and will move the country closer to control and elimination targets for the targeted NTDs.

[33]Note: the MDA data reported in FY2013 refers to the results of MDA that had been planned for FY2012, but was subsequently delayed due to the late arrival of the praziquantel drugs and conducted in FY2013.

Goals for FY2014

Overall goal

The overall goal of the MOH's NTD Program is to reduce morbidity caused by SCH and STH and to eliminate LF, onchocerciasis, and blinding trachoma through mass preventive chemotherapy by 2020 (2015 for trachoma). To achieve this goal, the program plans to conduct MDA campaigns for SCH, STH, LF, and trachoma in the regions of Agadez, Tahoua, Diffa, Zinder, Maradi, Dosso, Niamey, and Tillabéri in October 2013. Taken together, these four diseases affect the entire population of Niger.

Specific objectives:

Specific objectives vary depending on the diseases targeted by the National NTD Program:

For SCH and STH

- Conduct MDA in 11 hyper-endemic HDs for SCH; and in 34 HDs for STH.
- Conduct an integrated assessment survey of STH and SCH in the eligible HDs of Arlit, Diffa, Mainé, and N'Guigmi to realign the national treatment strategy with treatment strategies outlined in WHO guidelines.

For trachoma

- Conduct district-level MDA in 17 HDs and sub-district level MDA in 1 HD (18 districts total)[34].
- Conduct treatment impact surveys for trachoma in the eligible HDs of Tahoua, Keita, Bouza, Konni, Madaoua, Mirriah, and Doutchi. Data on district and sub-district levels will be collected simultaneously, meaning that the sample size and methodology will allow for prevalence estimates to be made at both the district- and sub-district level for trachoma folliculitis (TF) and trichiasis.
- Conduct mapping in 4 HDs of the Agadez region.

For LF

- Conduct MDA in 30 HDs.
- Conduct pre-TAS in 2 HDs: Niamey 2 and Niamey 3.
- Conduct TAS in the HDsof Aguié, Dakoro, Guidan Roumdji, Madarounfa, Mayayi, Tessaoua, Madaoua, Boboye and Tillabéri if they are eligible, depending on the pre-TAS results (pre-TAS conducted in FY2013 and results are expected in September 2013).
- Conduct mapping in Arlit and Fillingué (please see our comments under Table 1 and in the mapping section for details on these 2 HDs).

[34] 18 districts are planned for treatment in FY2014; the 2 other districts that have added up to the total of 20 in table 1 above (Diffa and N'guigmi) are currently undergoing impact studies and have not been scheduled for treatment in FY2014 because the PNSO does not plan to treat HDs in the same year that they are assessed. HKI has decided to go with the decision of the PNSO because this policy is accepted by ITI. Subsequent activities for trachoma in these HDs will depend on the results of the impact survey that will be available by September 2013.

For onchocerciasis

- Support epidemiological evaluation of onchocerciasis transmission in 5 HDs to provide evidence for certification of onchocerciasis elimination.

Main Activities

Sub grantee support to the MSP will include:

Support NTD Country Program Planning Process

Overall, support provided by HKI for programs and the MOH in FY2014 will be the same as in FY2013, except for the support that End in Africa will provide in improving the supply chain and drug management procedures. Regarding the implementation of planned activities, the HKI NTD team will hold coordination meetings on a quarterly basis with NTD program coordinators to finalize decisions regarding targeted areas, populations identified for each disease, and program planning. HDs eligible for praziquantel and albendazole treatment will be identified according to the national policy for SCH control, and the list of endemic villages will be updated in collaboration with the regional NTD focal points. For trachoma and LF, HDs eligible for treatment have already been identified through selection of HDs eligible for upcoming distributions based on assessment results and the number of treatment rounds already completed.

In preparation for the FY2014 distribution campaign, HKI will support programs to hold regional micro-planning workshops. This micro-planning will take place in each region with participation from focal points, district head doctors, and heads of epidemiological surveillance centers (CSE) based in each HD.

To support the analysis of needs not met by the NTD program, a national evaluation and planning workshop is held each year to address program activities for the coming year. This workshop brings together all key stakeholders (health, education, and partners) so participants can identify strengths, areas for improvement, and lessons learned in order to make the necessary recommendations for program improvement. The Program will share meeting minutes/reports of the national evaluation and planning workshop with USAID.

The Niger NTD program has requested training on the use of the tool for integrated planning and costing (TIPAC) in FY2014; technical assistance request will be provided by End in Africa for this purpose. The training will target the national disease programs, the MSP, the National Office of Pharmaceutical and Chemical Products (ONPPC), and HKI.

HKI will support NTD coordination in developing the annual NTD work plan for FY2015, based on the 2012–2016 NTD strategic plan and the results of the TIPAC. It will also support the validation of the National Monitoring and Evaluation Plan for NTDs.

Mapping

- Lymphatic filariasis

- As noted above, Arlit was not mapped in FY2013 due to insecurity and the subsequent impact this had on the budget. The program plans to map Arlit in FY2014.
- Despite the assertion that Fillingué is not endemic based on the 2003 mapping results (mapping supported by the US Centers for Disease Control and Prevention (CDC), WHO, and the MSP), the appearance of increasingly more clinical cases and the fact that it shares border with several other LF-endemic HDssuggests the need for mapping in Fillingué. In fact, prevalence in the commune of Baléyara surpassed 1% based on initial mapping.

- Trachoma
  - Epidemiological surveys for trachoma were conducted at the regional level in 1997-1999 for Agadez (5.5% TF), however mapping has never been conducted at the district level using a cluster-based methodology. With the elimination of trachoma including a decrease in prevalence of TF to less than 5% at the sub-district level, it is clear that the program cannot move toward the elimination of trachoma in Niger and certification without complete mapping of the entire country. Moreover, the similarity in the agro-ecological areas between the regions of Kidal and Agadez suggests that trachoma may also re-emerge in Agadez. For this reason, the program requests that Agadez (4 districts) undergo mapping in FY2014.[35]
- Schistosomiasis
  - No mapping is planned for FY2014.

Scaling up NTD National Program[36]

Niger has achieved 100% geographic coverage[37] of targeted diseases for NTDs in known endemic HDs, however, specific issues arise for the individual diseases. In terms of trachoma, 34 out of 42 HDs are known to be endemic. To date, these 34 endemic HDs have received treatment with a geographic coverage of 100% and 15 HDs have stopped district-level treatment. There are 19 HDs that still warrant treatment at the district level and the number of HDs being treated at the sub-district level will increase in future years pending the results of future sub-district surveys; currently only one HD is being treated at the sub-district level (Dakaro). For SCH, 41 out of 42 HDs are known to be endemic and all endemic HDs are treated regularly using the strategy adopted by the national program. To date, no HD has reached the criteria for stopping MDA. The program anticipates mapping/evaluation data on all 42 HDs before the end of FY2014.This data will provide the evidence necessary to realign the national strategy during an experts meeting planned in FY2014.For LF, 30 out of 42 HDs are endemic; all

[35]The NTD program is requesting mapping for Agadez because the districts of Agadez region have never been mapped and to be eligible for the elimination of trachoma the NTD program needs to map the entire country.
[36] The Annual MDA Treatment Projections are incorporated in the disease work books which are submitted with this work plan.
[37]The program defines geographic coverage as #districts treated/ # targeted annually.

have received treatment. In FY2013, 8 HDs were involved in the TAS; the program will use these TAS results to determine whether or not to stop treatment these HDs in FY2014. Finally, in FY2014 Niger will pilot the use of independent monitoring to improve epidemiological and program coverage in 6 HDs (Niamey 2, Niamey 3, Gaya, Zinder commune, Madarounfa, and Tchintabaraden).

Mass Drug Administration

MDA Strategy

MDA for 2014 is planned to begin in October 2013. All involved HDs will start at the same time. The HDs will have to distribute at least 3 drug packages depending on their epidemiological profile. Overall, the actual mass distribution will last three weeks and immediately, sub-regional, regional, and national evaluations of the campaign will take place. The distribution strategy for NTD drugs mainly relies on community-based distribution. Distribution is carried out by Community Drug Distributors (CDDs) within communities and by teachers in the schools.

Drug distribution for LF and trachoma is done in accordance with the WHO protocol. Drug distribution for SCH is carried out in accordance with a national consensus calling for distribution to take place each year for the 10 river valley HDs[38] with high endemicity (Niamey 1, Niamey 2, Niamey 3, Tillabéri, Say, Kollo, Téra, Boboye, Dosso, and Gaya) and every two years for the other "moderate risk" districts. Beginning in January 2015, all future distribution will be done in accordance with the WHO strategy for SCH.

Table 2: Target districts and estimated target populations for FY2014 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts	# of people Targeted
SCH	5 yrs and older	1	Door-to-door distribution in communities; school-based distribution	11	2,025,400[39]
Onchocerciasis	N/A	N/A	N/A	N/A	N/A
LF	5 yrs and older	1	Door-to-door distribution in communities; school-	30	9,931,544

[38] 16 HDs in total are being targeted for treatment in FY2014; 11 with funding from USAID and 5 through the SCORE study; some of the SCORE HDs are in the high risk zones so the 10 listed here are supported by both USAID and SCORE.

[39] This number targeted is based on our disease workbook, not the praziquantel application which will differ slightly based on the source of the population data used (village-level at risk population vs. INS data).

			based distribution		
STH	5–14 yrs and at-risk adults[40]	1	Door-to-door distribution in communities; school-based distribution	34	11,511,416 (7.1 million adults)
Trachoma	100% of population	1	Door-to-door distribution in communities; school-based distribution	18	8,382,924

Training

Cascade training will be conducted in FY2014. A pool of trainers has been set up in Niamey to go to each region to provide training for regional trainers. The regional trainers will then be responsible for training Center for Integrated Health (CSI) managers and directors in the education sector. Lastly, CDDs and teachers will be trained by the CSI managers and education directors. Training content will address the targeted diseases, the serious adverse events (SAEs), the use of the dose pole and drug quantities, data collection, drug stock management, the importance of activity reports, and meeting submission deadlines when sending these reports and results. To ensure that materials provided to CDDs, CSI managers, teachers, and other stakeholders have been accurately filled out, returning trainees will receive refresher training in order to understand what is expected of them.

[40] At-risk adults are treated as part of the LF MDA (30 HDs) and in 4 HDs that will receive the praziquantel/albendazole. However, the MSP does not officially recognize the LF treatments as STH treatments when the HDs treated by the LF program are not targeted by the SCH/STH program (deworming is considered to take place only through the SCH/STH program) – however, we have included these as targets in the workbooks since they are in-fact STH treatments in endemic districts.

Table 3: Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MSP/MOE at Central Level	Briefing for trainers	10	20	30	1	NIAMEY
Supervisors	Supervisors and supply chain managers (district store keepers and the health staff at the CSI) are included in the national, regional, district, and CSI levels in this table.					
Supply chain managers						
Regional trainers	Filling out supporting documents, managing side effects and waste, disease pathology, campaign close-out information	40	152	192	1	Regional Department of Public Health (DRSP)
CSI managers and chief education sector	Filling out supporting documents, managing side effects and waste, disease pathology, campaign close	496	395	891	1	HD
Drug distributors and teachers	Filling out supporting documents, managing side effects, disposing of waste according to national protocols, disease pathology, campaign close	14,550	24,906	39,456	1	CSI
SCH/STH and onchocerciasis survey	Training for survey teams to conduct survey	0	13	13	5	District-level
TIPAC	Training for MOH, ONPPC, and HKI in the use and maintenance of the TIPAC	20	0	20	7	Niamey
TAS	Training for survey teams to conduct survey and for national program/HKI to receive training at WHO AFRO meeting	156	0	156	7	Sub-region and central level
Independent monitoring	Training for independent monitors to be able to carry out independent monitoring tasks during and after the MDA	34	0	34	3	Niamey

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

In order to ensure that data collection indicators used by the NTD program are in line with FHI360 guidelines and requirements, HKI will ensure that the Monitoring and Evaluation

framework and the disease and program workbooks are available to all NTD stakeholders [41] in Niger, and that they are able to fill them out correctly.

Distribution registers will be provided to CDDs and teachers for data collection. These registers are filled out by CDDs and teachers who send them to the CSI managers at the end of the campaign. The CSI managers compile the data they receive in the summary registers that they send to the District Health Manager, who in turn compiles all data from all the CSIs in the health area. Two copies of the summary registers are made, the first for the district archives and the second to be sent to the Regional Department of Public Health (DRSP). The DRSP compiles the data for all HDs into a single summary report of the region's data.

To improve coverage during MDAs in FY2014, independent investigators—commonly called "independent observers"—will conduct independent monitoring of the MDA under the supervision of the NTD Monitoring and Evaluation Manager and the Assistant to the NTD Coordinator. Since this is the first time that Niger will be conducting independent monitoring only 6 HDs will be covered so that the independent observers can gain some experience on independent monitoring before covering many districts. The focus will be on those districts where there have historically been coverage or operational issues to better understand, monitor and address them. This activity will be conducted in the HDS of Niamey 2, Niamey 3, Madarounfa, Zinder commune, Tchintabaraden and Gaya.

In addition, specific emphasis will be placed on data quality through the following activities:

- Assessing drugs left over after the distribution and their return to the warehouse during sub-regional evaluations (at this level, everyone must be involved: CDDs, heads of sectors, CSI, HD, DRSP, national level, HKI), including a physical inventory of stock.
- Close formative supervision at all levels.
- Use of supervision checklists for supervision teams.
- Full involvement in NTD activities of the CSI manager who oversees the NTD data for the HD; this person is based at the HD and is sometimes the same person as the district- NTD focal point.
- Production of a report for each implemented activity by each implementation level (HD, DRSP, National) using the outline provided to regional and district NTD focal points. These various reports must be sent at the same time as the vouchers, within 45 days after the administration of the last package.

After the regional evaluations, results by region should be sent to the national level at least one week prior to the national evaluation. The national level should be able to finalize and

[41] MOH and NTD Program Coordinators, Partners (i.e., Carter Center, School Health Program, RISEAL).

transmit the campaign results to HKI within one week after the national evaluation so that HKI can meet the deadline for submitting results. Each HD must produce an overall summary report of activities at the end of each MDA campaign. These reports should be sent to the national level, which is responsible for producing a summary by program.

The FY2014 campaign will begin in October 2013 and end in December 2013, with the national evaluation and data anticipated in January 2014. The first semi-annual report will be available in March 2014, and the second in September 2014.

Program Assessments and Transition to Post-MDA Elimination Strategy

Lymphatic filariasis

- TAS surveys on LF will take place in the 9 HDs of Maradi region (Aguié, Dakoro, Guidan Roumdji, Madarounfa, Mayayi, Tessaoua), Tahoua region (in the HD of Madaoua), Dosso region (Boboye) and Tillabéri region (in the HD of Tillabéri) if results from the pre-TAS confirm that the TAS should proceed.
- Pre-TAS surveys will take place in Niamey 2 and Niamey 3.

Onchocerciasis

- Results from the entomological and epidemiological evaluations reported in Niger dating back over ten years suggest an end to onchocerciasis transmission in Niger. An epidemiological evaluation was conducted by APOC in 2012 in 12 out of 118 villages, which confirmed the previously reported results showing zero transmission. In view of these results, the PNDO/EFL is requesting technical and financial support for an epidemiological evaluation of onchocerciasis transmission in a greater number of sentinel villages in order to move toward certification for elimination of this disease.

Schistosomiasis/STH

- The integrated SCH/STH impact assessment will take place in the eligible HDs of Arlit, Diffa, Mainé and N'guigmi in FY2014.

Trachoma

- In FY2014, 7 HDs will be eligible to undergo an impact assessment survey after conducting their third or fifth distribution rounds of MDA depending on baseline prevalence[42]. These HDs are: Tahoua, Keita, Bouza, Konni, Madaoua, Mirriah, and Doutchi. Impact assessment survey will be conducted at the district and sub-district levels simultaneously because this is cost-effective, consistent with WHO guidelines and will allow for gathering results at both levels (both TF data and trichiasis data),

[42] 5 annual rounds of treatment for trachoma is conducted for HDs with baseline prevalence ≥50% and 3 annual rounds for HDs with baseline prevalence ≥10% but <50%.

which is essential for Niger with a trachoma elimination date of 2015. In large and vastly populated HDs such as Mirriah, this methodology will provide more robust data.

Facilitate Collaboration and Coordination

- HKI will continue its advocacy within the MSP to ensure that the budget set up for NTDs is supplied, allocated amounts are revised upward, and disbursements are made on time.
- At the community level, the program will continue to sensitize local officials so that they continue to take greater ownership of the community mobilization and distribution activities by taking responsibility for town criers and CDDs. HKI will also continue to advocate for implementation of resolutions from the national forum on NTD financing, held in Niamey in 2010.
- Once the work plan is finalized and approved, program coordinators will spend a work day to review it so they can take ownership of the agreed upon activities. The timeline and implementation plan will be widely disseminated. An official presentation of the document will be made to officials from the MSP.
- Periods for mass distribution activities have been selected so that they do not conflict with other activities. If for whatever reason a conflict occurs, stakeholders will be encouraged to seize any opportunity to improve program coverage.
- Consideration is in progress to see under what circumstances vitamin A distribution could be included with NTD drug distribution once national immunization days (NIDs) have come to an end.
- Until now the NTD focal point still does not have a coordination team. Advocacy will continue to strengthen the NTD program with a coordination unit that has an office, staff, and adequate logistical means.
- In addition to the regular meetings held between HKI and program coordinators, quarterly coordination meetings bringing together program coordinators, the MSP, and other partners involved in NTD will be organized.
- HKI will support the NTD program to improve its collaboration with the Water, Sanitation and Hygiene (WASH) program of the MSP. The WASH program can support the sanitation and hygiene aspect of sensitization and social mobilization relating to SCH, STH and trachoma in districts where these diseases are endemic.
- HKI and the MSP will explore other partnerships based on needs identified during the TIPAC training.

Attachment 3 – HDI FY2014 Work Plan for Togo

Executive Summary

FY 2014 is the fifth year that integrated control of neglected tropical diseases (NTDs) is being implemented in Togo with United States Agency for International Development (USAID) funding through Health & Development, International (HDI). In FY 2014, the following activities are planned:

Support Togo's NTD planning process

- HDI will continue to support the leadership of the Togo Ministry of Health (MOH) in the planning process.

Mapping

- The prevalence of soil-transmitted helminthes (STH) will be mapped in some areas of Lomé by another partner, Hope Educational Foundation, in 2014. No additional mapping is planned; however, Togo's MOH will independently review existing data to determine whether any additional mapping of schistosomiasis or STH is needed in Lomé region.

Nationwide mass drug administration (MDA) for schistosomiasis, onchocerciasis, and STH

- All drugs will be distributed through a community-based, house-to-house distribution platform according to disease prevalence as per World Health Organization (WHO) guidelines.
- Training, implementation, and data collection will be coordinated with the distribution of albendazole and vitamin A by the Nutrition Program/UNICEF to children under five years of age.
- April 2014 MDA:
    - Schistosomiasis – Target is 29 of Togo's 40 districts and more than 2.2 million people (nearly 1 million school age children (SAC) and more than 1.2 million women at high risk):
        - Implementation unit is the peripheral health unit (PHU).
        - In areas with prevalence between 10% and 49%, women will be treated, as they are at high risk of schistosomiasis due to their domestic duties.
    - Onchocerciasis – Target is 32 districts and more than 2.7 million people:
        - Implementation unit is the district.
    - STH – Target is 35 districts and more than 1.5 million SAC and 1.1 million women of child-bearing age:
        - Implementation unit is the district.
        - Women of child-bearing age will be treated, with medication supplied by United Nations Children Fund (UNICEF).
    - Praziquantel, ivermectin, and albendazole will be administered simultaneously.
- October 2013 MDA:
    - Onchocerciasis – Target is 11 high-prevalence districts, funded by the Ministry of Health (MOH) of Togo.
    - STH – Target is 4 districts where the prevalence of STH is ≥50%.

Training

- Training on drug distribution, community education, and serious adverse event (SAE) reporting will target supervisors, trainers, and more than 9,000 community drug distributors (CDDs).
- Training on supply chain management (SCM) will target more than 700 central, regional, and PHU-level supervisors.

- Feedback and review of previous year's MDA results and challenges are included as part of training.
- Forty-two regional and district accountants will be trained on money management and USAID regulations.

Community mobilization and information, education and communication (IEC)

- Radio spots, town criers, national media, banners, meetings with local and religious leaders, and flip charts will be used.

Supervision

- Supervision will be a joint effort by MOH and HDI.
- Emphasis on ensuring appropriate treatment packages are delivered in each implementation unit, accurate treatment records at all levels, and careful tracking of drug inventories.

Supply Chain Management

- Implementation of recommendations from SCM technical assistance (TA).
- Utilize SCM Standard Operating Procedures (SOPs) to enhance training on SCM.
- The HDI logistics manager and an MOH logistics person will participate in the regional USAID/DELIVER Project training on SCM.

Management of SAEs

- As needed, reporting will continue in accordance with Togo's pharmacovigilance policies, and will include reporting to FHI 360 headquarters, GlaxoSmithKline, and Mectizan Donation Program.

Program monitoring and evaluation

- The program will use the existing monitoring and evaluation framework and will report data to FHI 360/USAID using tools supplied by FHI 360.
- Program assessment will include the results of the FY 2012 coverage survey and the annual program review; findings will be used to revise training and MDA implementation.
- Transition to post-elimination activities:
    - Nationwide surveillance for lymphatic filariasis (LF) will continue, with a focus on borders with neighboring countries.
- Surveillance at sentinel sites for STH and schistosomiasis will be initiated in 2014.
- Data collection will include disaggregation by gender.

Dissemination of program successes through peer-reviewed publications

- The MOH of Togo and HDI personnel will collaborate to write and publish manuscripts describing successes of the program.

Short-term technical assistance requests

- There is a new request for technical assistance for training of HDI personnel on management of Fixed Obligation Grants (FOGs).
- Three TA requests remain from FY2013: onchocerciasis program evaluation, and trainings on the Tool for Integrated Planning and Costing (TIPAC) and SCM.

Financial Management

- Monthly financial reports will be submitted to FHI 360 within 30 days after the end of the reporting period.
- Subgrants to the MOH will be in the form of FOGs, in keeping with guidance from FHI 360 and USAID.
- MOH will receive all flow down financial regulations through the subaward granted to them.
- FHI 360 has direct, view-only access to the financial accounting system and can carry out any inspection or analysis desired at any time.

Facilitation of collaboration and coordination between MOH, HDI and other partners

- HDI will continue to advocate for increased government and donor support of the program.
- Activities are integrated, whenever possible, with other programs and services: the Nutrition Program, UNICEF, Division of Water, Sanitation and Hygiene (WASH), and Sightsavers.
- A stakeholder meeting will be held in early 2014.

Proposed plans for additional support to the NTD Program

- HDI is seeking outside funding to support lymphedema morbidity management and provide trichiasis and hydrocele surgeries to affected individuals in Togo.

Goals for the year 2014

Goals for FY 2014 are as follows:

- Togo will implement nationwide MDA for onchocerciasis, schistosomiasis, and STH in April 2014 (see Table 2).
- A second round of MDA for calendar year 2013 will be conducted for onchocerciasis (funded by Togo's MOH) and STH (funded through USAID) in high prevalence areas in October 2013.
- LF surveillance activities will continue (see Monitoring and Evaluation (M&E) section).
- Continued support will be provided to the MOH for data management, M&E, and supply chain management (SCM).
- Support will also be provided to the MOH to include water, sanitation, and hygiene (WASH) activities in information, education and communication (IEC) as a means of preventing certain NTDs. A flip chart page with WASH messages will be printed and provided to the community drug distributors (CDDs) to augment the NTD and public health messages conveyed.

Main Activities

HDI will support the MOH with the following essential activities:

Support Togo NTD Program Planning Process

Togo will be in year three of their five-year (2012-2016) Strategic Plan for NTD control. The MOH has led the planning, management, and implementation of the integrated MDAs in 2011 through 2013. HDI will support the MOH in continuing this leadership in FY 2014 in the following areas:

- The Togo MOH will determine the target geographic regions and populations for MDA and will develop the treatment projections for 2014 using Togo's five-year Strategic Plan, WHO treatment guidelines for NTDs, and population data from the Togo census as well as from enumerations conducted by the CDDs in 2013. The MOH will take the lead on these activities and HDI will provide technical support. HDI has worked with the MOH to generate target population estimates and medication needs and will continue to support the MOH in these areas.
- HDI will assist the MOH in developing the Annual Work Plan through an iterative process of discussing plans and reviewing Work Plan drafts, incorporating incoming data from the field and the most recent MDA in the process.
- Operational micro-planning begins in the months prior to the MDA, first at bi-weekly regional-level meetings and then at central-level meetings; an HDI representative participates in all of the central-level meetings. HDI will continue to work with government on assuring appropriate planning and SCM.

- HDI will work with the MOH to improve the feedback mechanism by which results and lessons learned from the previous year's MDA are conveyed to trainers and trainees at all levels and incorporated into improved practices in the field.

Mapping

- Hope Educational Foundation will be conducting mapping for STH in a small number of primary schools in Lomé in 2014 (using outside funding).
- No additional mapping is planned; however, Togo's MOH will independently review existing data to determine whether any additional mapping of schistosomiasis or STH is needed in Lomé region.

Scaling up NTD National Program[43]

- Integrated MDA for NTDs has been implemented on a national scale in Togo since 2011 and will continue at national scale in 2014. All 35 districts where at least one of the target NTDs is prevalent will be treated.
- For schistosomiasis, the target population now includes SAC in areas with prevalence <10% to reach the WHO target of treating children in low prevalence areas twice during their primary school years.
- During FY 2013, a second round of albendazole was implemented for SAC in the four districts where the prevalence of STH is ≥50%. Also in 2013, UNICEF provided albendazole to treat women of child-bearing age during the May 2013 MDA. In FY 2014, women of childbearing age will be treated with albendazole in the four districts in the second round (Oct 2013) and again in the April 2014 MDA.
- Starting in 2014, in areas of moderate prevalence of schistosomiasis (10% - 49% prevalence), Togo will treat adults at high risk of schistosomiasis with PZQ, specifically, women, who are at risk due to their domestic duties.

MDA

MDA Strategy

- Timeline: The national integrated MDA will take place in April 2014 and will occur over four weeks (including all re-visits to houses where residents are initially not home). Microplanning and production of necessary tools will occur in February, community mobilization and IEC will begin in March, and training of trainers and training of drug distributors will occur in March.
- The second round of treatment for calendar year 2013 is scheduled for October 2013; four districts will receive a second round of treatment with albendazole for STH and eleven districts will receive a second round of ivermectin for onchocerciasis. Albendazole for women of childbearing age is being provided by UNICEF. The cost of the second round of ivermectin distribution is paid for by the Togo MOH.
- Target populations: Details of the target populations are given in Table 2. The latest target population calculations use enumeration data from the 2012 MDA.
- Treatment will be according to WHO guidelines, and we now include albendazole for women of childbearing age. Praziquantel is distributed based on the prevalence of schistosomiasis at the PHU level. Albendazole and ivermectin are distributed based on the district-wide prevalence of STH and onchocerciasis, respectively. Treatment for onchocerciasis is distinctive in that

[43] The Togo Disease Workbook for Work Plan FY 2014 containing treatment projections for the 2014 MDA is included as an annex to this work plan.

ivermectin is distributed to eligible populations only in villages with fewer than 2000 people. This has historically been the Onchocerciasis Control Program's standard procedure, based on a study demonstrating that villages with more than 2000 people receive fewer black fly bites and have a significantly reduced risk of infection with onchocerciasis compared with people living in villages with fewer than 2000 inhabitants.

Table 2: Target districts and estimated target populations for 2014 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts or sub-districts	# of people targeted[a]
Schistosomiasis (prev ≥50%)	School age children and adults	Once per year	House-to-house	160 PHUs from 27 districts	522,269 school age children and 940,085 women
Schistosomiasis (prev 10-49%)	School age children and women at risk in their domestic duties	Once every two years	House-to-house	129 PHUs from 16 districts	375,208 school age children and 337,687 women
Schistosomiasis (prev <10%)	School age children only	Once every two years	House-to-house	29 PHUs from 10 districts	64,350
Onchocerciasis	Entire population age 5 years and older	Twice per year	House-to-house	11 districts[b]	904,248
Onchocerciasis	Entire population age 5 years and older	Once per year	House-to-house	21 districts[b]	1,810,750
Soil-transmitted helminths (prev ≥50%)	School age children and women of childbearing age	Twice per year	House-to-house	4 districts	218,968 school age children and 167,876 women
Soil-transmitted helminths (prev 20-50%)	School age children and women of childbearing age	Once per year	House-to-house	24 districts	1,328,813 school age children and 1,018,756 women

[a] Schistosomiasis treatment is implemented at the PHU level, based on the prevalence of schistosomiasis at the PHU level, so the estimated number of people to be treated is equal to the sum of the people in the targeted PHUs. Details on target populations can be found in the Togo Disease Workbook for Work Plan FY 2014, included with this work plan.

[b] In the 32 districts targeted to receive ivermectin, only villages with fewer than 2000 people are treated. Twice yearly treatment is conducted in areas with historically high prevalence of onchocerciasis.

- Geographic targets: In 2010 integrated MDA for onchocerciasis, STH and schistosomiasis was piloted in the three northern regions (Kara, Savanes and Centrale). The integrated MDA became nation-wide in 2011 when the two southern regions (Plateaux and Maritime) were added, and MDA continues to be implemented nation-wide, based on disease prevalence. In 2014, all five regions are targeted. For schistosomiasis, those PHUs which are targeted with praziquantel every other year (prevalence from 10-49%) are treated in even years in the north and odd years in the south.
- Drug distribution platform: Drugs are delivered through community-based, house-to-house distribution for all target populations. The coverage survey conducted in late 2012 indicated that community-based distribution is effective for reaching all age groups, including SAC who attend primary school.
- Praziquantel, ivermectin, and albendazole will be administered together where target populations overlap; all areas targeted with these three drugs have previously received these drugs administered together.

Training

- Togo utilizes a training-of-trainers approach to train personnel involved in all levels of MDA implementation. More than 10,000 people will be trained (Table 3), and all personnel involved have participated in previous MDAs.

Table 3: Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained/Retrained			Number Training Days	Location of training(s)
		New trainees	Refresher trainees	Total		
MOH/Ministry of Education at Central Level	Supervision skills; how to train trainers, SCM skills	0	18	18	1	Lomé
Trainers	Supervision skills; how to train trainers, SCM skills	0	105	105	3	Regional Headquarters
Supervisors/PHU nurses	MDA procedures; training of CDDs, SCM skills	0	626	626	3	District Headquarters
CDDs	IEC and drug distribution procedures for NTDs, and IEC for WASH (water, sanitation and hygiene)	0	9,250	9,250	2	PHUs
Accountants	Money management, USAID regulations	0	42	42	2	Lomé

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

Timeline

- The program will use the existing M&E framework and tools supplied by FHI 360. The timeline for completion and reporting of the MDA deliverables is shown in the Timeline at the end of this document. The disease and program workbooks will be completed and submitted within 90 days of the last day of the MDA. HDI will continue to work with the Togo MOH on complete and timely submission of M&E deliverables.

Convenience Surveys

- Convenience surveys of CDDs and the general population are conducted in all districts immediately following the MDA to assess satisfaction with the MDA and any specific successes or failures of implementation from the perspective of the CDDs and general population. Findings are used to amend training and implementation in subsequent treatment rounds. These surveys are funded by the Togo MOH.

Data Management

- Data collection methods utilize the established community registers that are familiar to the CDDs. Treatment and drug inventories from the CDDs are compiled by PHU nurses into PHU-level treatment and drug reporting forms. New tally sheets were developed in 2013 to allow collection of treatment data that can be disaggregated by gender. In 2014, the system for collecting gender-disaggregated data will be reviewed and amended if needed.

- PHU-level data forms are double-entered into a database created by the Division d'Informations Statistiques, Etudes et Recherche (DISER) in the MOH. Data quality is determined by assessment of data uniqueness, accuracy, internal consistency, and completeness. Spot check of data from randomly selected sites is conducted during which the original data sheets are compared with the data files. Data are screened for outliers; outliers are inspected manually and a decision on how to handle each outlier is made individually and using outside data sources if needed. This activity will be led by the HDI statistician seconded to DISER (the division in charge of data management for the program) with back up from the HDI technical lead.
- Individual cases of certain NTDs are reported through the Health Management Information System (HMIS) in Togo, and surveillance for LF is established and ongoing, but there is no national surveillance system that includes NTDs.

Program Assessments and Transition to Post-MDA Elimination Strategy

Program Assessment

- In FY2014 Togo would like to establish school-based sentinel sites for parasitological monitoring of STH and schistosomiasis prevalence and worm burden in SAC. In keeping with WHO recommendations for such surveillance, 25 sites would be established across all five regions where the Integrated NTD Program is implemented. Urine and stool samples from 250 SAC would be collected and analyzed for STH and schistosomiasis. Data from these sites will help guide changes in target populations and treatment plans as outlined in WHO guidelines. They will additionally provide the most definitive evidence of the success of the NTD program, which can be used to lobby both within and outside Togo for support to sustain these gains. Sentinel site data obtained in FY2014 will help determine the need for albendazole distribution in FY 2015 for the eight districts which previously received MDA for LF using ivermectin and albendazole but which have received no albendazole since LF treatments stopped in 2009.

Program Review and Feedback to the Community

- The annual program performance review will be held at the central level in August 2014. This meeting will be informed by the results of the 2014 MDA and surveillance data.
- Drug Management: Results from the 2013 MDA will be used to 1) identify areas where there were drug inventory imbalances, either shortages or surpluses; 2) identify any areas where drug distribution was not in accordance with population targets; and 3) amend training in 2014 to improve any issues identified in #1 and #2. In addition, inconsistencies between drug inventories and treatment records will be investigated by the MOH in collaboration with HDI personnel and supply chain issues will be addressed before the next MDA.
- Population estimates: Programmatic coverage rates are calculated from the treatment data. Areas of low (<85%) or high (>100%) programmatic coverage are examined to determine what may have led to such results. If necessary, adjustments in population estimates will be made when preparing for next year's treatment projections. Results from the 2013 MDA will also be used to verify the names and populations of PHUs that were redistricted since preparation for the 2013 MDA took place (PHUs are periodically merged or split according to local needs).
- Target populations: Irregularities or gaps in treatment algorithms are examined by a joint MOH/HDI team and problem areas are specifically addressed during trainings prior to subsequent MDAs.

- The Togo MOH feels that an important part of the MDA process is to provide community feedback on the results. Results of the MDA will be disseminated to the communities through religious and traditional community leaders and radio spots. Communities will be able to see how their performance compares with the performance of all other communities in the area. Community response to this feedback will be assessed in the supplemental questions of the coverage survey.

Transition to Post-MDA Elimination Strategy

- LF is no longer a disease targeted for integrated MDA since Togo stopped MDAs for LF in 2009, however post-MDA surveillance has been implemented. TAS conducted in 2009 and 2012 confirmed that there is no longer transmission of LF in the eight districts that were previously endemic for LF, although it should be noted that there is ongoing MDA with ivermectin for onchocerciasis in these districts. The final TAS is scheduled for 2015, six years after the last MDA for LF.
- HDI continues to support the MOH in implementing post-MDA surveillance for LF as recommended by the WHO. Ongoing LF surveillance includes two distinct activities. For the first component of surveillance, every month at least one laboratory technician in each district (in a total of 46 laboratories) collects thick blood films drawn between 10pm and 3am from patients for the purpose of malaria diagnosis; these same blood films are also examined at the same time for *Wucheria bancrofti* microfilariae. The second surveillance activity is implemented by nurses in 20 peripheral health centers along border areas not served by the above-mentioned laboratories, where the risk of LF transmission is high due to the presence of LF in neighboring countries. The nurses are trained to collect capillary blood on filter papers three times per year from 20 previously untested adults living in their catchment area. These filter paper samples are sent to Lomé where they are tested for Ag Og4C3 specific to *Wucheria bancrofti* by the laboratory of the National Institute of Hygiene.
- Any case of LF identified through these surveillance activities triggers an investigation in the community where the case lives and works. More extensive testing is conducted and confirmed positive cases are treated with albendazole and ivermectin yearly for at least five years. From 2010 to 2012 there has been only one positive case.
- In 2014, discussions will be held with neighboring countries which are beginning to stop MDA for LF, to coordinate and implement synchronized surveillance.
- Morbidity management for lymphedema patients will continue in 2014 utilizing the same approach as in 2013, in which nurses at PHUs train and assist afflicted persons in caring for themselves, provided that outside funding can be secured.
- TA has been initiated to conduct a situation analysis of onchocerciasis control in Togo; the results of this TA should reveal whether Togo is near elimination of onchocerciasis and where and when Togo should change from control activities to primarily surveillance activities. The onchocerciasis program continues to conduct skin snip surveys to track the prevalence of onchocerciasis in pre-determined areas; this work is made possible by support from APOC and Sightsavers.
- In FY2014 Togo would like to establish school-based sentinel sites for parasitological monitoring of STH and schistosomiasis prevalence and worm burden among SAC. Data from these sites will help guide changes in target populations and treatment plans as outlined in WHO guidelines.
- The prevalence of active trachoma is less than 1% in Togo. While trachoma is no longer a target disease for MDA, HDI continues to support IEC on the importance of facial hygiene. Togo has

developed a strategic plan for elimination of trachoma, including a schedule for conducting trichiasis surgeries for patients. Outside funding is being sought for these surgeries.

Attachment 4 – HKI FY2014 Work Plan for Burkina

Executive Summary

According to the national strategic plan for the control of neglected tropical disease (NTD), adopted by Burkina Faso in January 2013, several activities are implemented and spread over a five-year period. The program supports efforts to control NTDs with financial support from the United States Agency for International Development (USAID) through the End in Africa project, and from other partners such as Sightsavers and Liverpool Center for Neglected Tropical Diseases (CNTD). The targeted NTDs are lymphatic filariasis (LF), schistosomiasis, onchocerciasis, soil-transmitted helminths (STH) and trachoma. Activities included in this work plan are funded by USAID, unless otherwise indicated. There were 63 LF endemic health districts (HDs) at the outset; 16 HDs stopped mass drug administration (MDA) as of 2009, and 47 HDs still have ongoing MDA. In FY14, MDA with ivermectin + albendazole will target 47 HDs for LF in June 2014; 37 of these 47 HDs will be supported with USAID funding, while 10 HDs will be supported with funding from Liverpool CNTD. There are 63 schistosomiasis endemic HDs. Biennial MDA for schistosomiasis with praziquantel (once every two years) will be conducted in April 2014 in the meso-endemic zone, which includes 44 HDs in 9 health regions. Six HDs remain endemic for onchocerciasis; biannual onchocerciasis treatment will be conducted in 4 HDs in the South West region in January and July 2014, and in 2 HDs in the Cascades region (funded by Sightsavers) in May and November 2014. The LF MDA in June 2014 is technically also treatment for STH in these 47 HDs; STH treatment in the remaining 16 HDs that are not being treated for LF will be integrated with schistosomiasis MDA in April 2014. MDA for trachoma will be continued in 5 HDs in May 2014.

To evaluate the program impact and the progress achieved, various monitoring and evaluation activities will be carried out with USAID support. The National Program for the Elimination of Lymphatic Filariasis (PNEFL) will collect data at 4 sentinel sites and 2 spot check sites in Saponé and Pô in the Center South region to determine whether these HDs qualify for Transmission Assessment Surveys (TAS) for LF. PNEFL will also oversee a post-MDA LF surveillance survey in the Cascades and North regions, and in the Orodara HD (9 HDs in total).

As part of the trachoma elimination efforts, azithromycin treatment impact studies will be conducted in 4 HDs. Post-MDA trachoma surveillance surveys will be conducted in the sub-districts of 5 HDs that had stopped MDA in 2009.

Along with the specific activities noted above, other cross-cutting and program support activities will be funded by USAID to contribute to achieving the objectives of the FY14 national work plan. An effort will be made to strengthen program coordination and partnerships between the national program and NTD partners through meetings, workshops, and annual review and distribution reports. In an effort to continue to strengthen MDA performance and improve coverage, trainings will be held for all those involved in MDA activities, MDA will be supervised and monitored at all levels, data collection tools will be revised and produced to take into account information needed for completing workbooks, and integrated review meetings will be held. Social mobilization and sensitization of endemic populations

will be enhanced through information, education, and communication (IEC) strategies, me etings, and media campaigns. Additionally, technical assistance will be requested to improve supply chain management at all levels.

Goals for FY2014

The main objectives for FY2014 are included below. Unless otherwise indicated, all activities will be targeted with USAID support:

1. Strengthen coordination and partnerships for NTD control

- Support coordination of the national NTD program in the areas of telephone communications, purchases of consumables and office supplies, and logistics support for national NTD program coordination.
- Hold twice-yearly meetings for the Steering Committee overseeing implementation of the national NTD program. The members include representatives of the Ministry of Health (MOH), the Ministry of Education and Literacy, WHO, HKI, local municipalities and other non-governmental organizations (NGOs), including Sightsavers, Foundation for Community Development (FDC), Handicap International (HI), Water Sanitation of Africa (WSA), West African Program of Water and Sanitation (WA-WASH), Water Aid, and other stakeholders involved in NTD control efforts in Burkina Faso.
- Hold quarterly meetings of the technical working group (HKI, national NTD program and research centers).
- Hold monthly coordination meetings for the national NTD program, involving all national NTD coordination program members.
- Ensure greater NTD program visibility through publications, reports and participation in conferences.
- Hold FY2015 work planning sessions during FY2014.
- Organize and participate in cross-border meetings relating to NTD control activities, particularly for program coordination with Cote d'Ivoire and Ghana.
- Participate in evaluation and operational research activities relating to NTD control.

2. Achieve and maintain coverage for each NTD control sub-program: 80% program coverage for MDA with ivermectin + albendazole, 80% program coverage with praziquantel, 90% with azithromycin + tetracycline ointment and 100% geographic coverage for all NTD treatment campaigns.

- Train trainers, supervisors, supply chain actors and community drug distributors (CDDs) involved in implementing NTD MDAs at the national, regional, district and peripheral health center levels.
- Supply health facilities--Regional Directorates for Health (DRS), HDs, and Centers for Health and Social Hygiene (CSPS)--with medicine, data collection materials, and information, education and communication (IEC) materials.

- Conduct cascade supervision during NTD MDA implementation at all levels, including the national level staff supervising the regional level staff, the regional level staff supervising the district level staff and the district level staff supervising health center workers, who in turn supervise the CDDs.
- Administer medicine to populations targeted.
- Develop and produce data collection materials.
- Collect data from NTD MDA campaigns at all levels.
- Hold integrated review meetings for NTD campaigns at the regional level.
- Conduct audits of NTD control drug management.

3. Implement monitoring and evaluation and surveillance for all NTD programs in accordance with WHO protocols.

- Conduct data collection at 4 LF sentinel sites.
- Conduct trachoma impact studies in the 4 eligible districts.
- Conduct post-treatment surveillance surveys in connection with LF control.
- Conduct a trachoma prevalence evaluation study at the sub-district level in two HDs (Barsalogho and Kaya) in the Central-North region, where prevalence was just below 10% at baseline mapping.

4. Implement IEC activities to reach the target populations in each endemic zone and improve compliance with MDA campaigns against the five targeted NTDs.

- Organize the official launch of MDA campaigns with the participation of the various partners.
- Conduct NTD advocacy with administrative, political, traditional and religious authorities.
- Organize information and sensitization meetings with communication professionals to increase their knowledge of NTDs and obtain their support in transmitting key messages to the populations.
- Lead media campaigns to raise awareness and provide information before, during, and after NTD MDA campaigns.
- Inform communities in remote areas about MDA activities using town criers.
- Raise community awareness of NTD control activities through community-based organizations.
- Provide IEC materials to health facilities and beneficiaries.

Main activities

Support the national NTD program during the planning process

In accordance with the planning process and following implementation of the FY13 work plan, this work plan is based on Burkina Faso's NTD strategic plan. Several preliminary work sessions were held prior to the work planning meetings to populate and update program databases and workbooks. Updates were entered into the database only after the data was validated at various levels of the health system, including the HDs, health regions and the national coordination program..

Updating this database and drafting periodic reports in accordance with the template helped identify the shortcomings, accomplishments and progress of each program. Next steps for each program were based on that foundation and WHO protocols, and thus provided the basis for FY14 planning.

Mapping

All mapping has already been conducted at the national level and for the diseases in question.

Scaling up the NTD national program

In FY14, about 10.8 million people will be targeted for the LF MDA in 47 districts. Transmission assessment surveys (TAS) will be implemented in 14 districts; and post-MDA surveillance for LF will target 13 districts. The schistosomiasis MDA will target 3.38 million children and high risk adults in 44 HDs. For STH, the MDA will target 4.9 million children in 58 HDs. For trachoma, the MDA will target 1.17 million people in 5 HDs; and 4 other HDs that have received 3 rounds of MDA will qualify for impact studies. Post-endemic surveillance for trachoma will begin in 21 HDs. CDTI for onchocerciasis will be conducted in the endemic villages in 6 HDs, targeting 0.8 million people.

Mass Drug Administration

MDA strategies

The drug distribution strategies for the target populations are as follows:

Distribution of ivermectin + albendazole for LF, onchocerciasis and STH: community-based distribution is carried out annually, using community volunteers (community health workers or other resource people within the community). Two distributors are used at each distribution site for a period of at least six days; this period may be extended if the targets are not reached. Tablets are administered to the populations door-to-door in villages, sectors, health centers, barracks and schools, and field-to-field in farming hamlets. To increase drug acceptance among urban populations, the distributors in those areas are health workers. This reduces the number of cases of individuals who may refuse/be reluctant to take drugs. The LF MDA will be conducted in June 2014.

In the South West and Cascades regions, two rounds of MDA are conducted for both LF and onchocerciasis as recommended by the Global Alliance for the Elimination of LF (GAELF), due to persistent high LF prevalence and microfilaria density. MDA for those diseases has been ongoing in those regions since 2001. Although post-MDA coverage validation surveys conducted at various stages using WHO protocols have shown that the epidemiological coverage results have been acceptable (i.e. >65%), data collection for microfilaraemia in sentinel and spot check sites have consistently shown mf prevalence >1%. It is believed that this is mainly due to population migration across the border with neighboring countries, as records show many people were absent during previous MDA campaigns. . Efforts will be made to improve cross-border coordination with neighboring countries to improve the situation. In the South West region, MDA will be conducted in January and July 2014; and in the Cascades region, it will be conducted in May and November 2014.

Distribution of praziquantel for schistosomiasis: Health workers distribute tablets at each site, village or sector. These health workers/distributors are always accompanied by community volunteers or community health workers. The latter are considered guides and organizers; they help ensure that the largest possible number of people in the target population receive treatment. Since many side effects were noted at the start of the program, the decision was made to assign health workers to distribute

the drugs. The drugs are distributed door-to-door within the communities and at agencies and schools, and field-to-field in farming hamlets. When the program began in Burkina Faso, the regimen adopted by the MOH for schistosomiasis was to treat at-risk populations once every two years. Starting in 2014, the results from the 2013 impact evaluation will be reviewed and the treatment strategies will be adjusted according to WHO recommendations. The schistosomiasis MDA is scheduled for April 2014 and will last six days.

Distribution of azithromycin + 1% tetracycline ointment for trachoma: the distribution strategy is the same as the strategy used with the schistosomiasis treatment campaign. The trachoma MDA will involve a single round in May 2014 and will last six days.

Table 2: Targeted districts and estimated target population for the FY2014 MDA

NTD	Age group targeted	Frequency of Distribution per year	Distribution platforms	Number of districts	# of persons targeted
Schistosomiasis[a]	5-14	Once	Door-to-door, Health centers, Distribution point in schools and communities	44	3,924,104
	5 -14 years and adults over 15	Once		1	89,101
Onchocerciasis	Over 5	Twice	Door-to-door, Health centers, Distribution point in schools and communities	6[b]	818,306
Lymphatic filariasis	Over 5	Once (twice in the South West)	Door-to-door, Health centers, Specific groups	47[c]	10,842,959
STH	5-14	Once	Door-to-door, Health centers, Specific groups	58[d]	4,922,381
Trachoma	Entire population	Once	Door-to-door,, Health centers, Specific groups	5	1,168,942

[a] For schistosomiasis, a group of experts will meet in July/August 2013 to review the results of the recent impact studies and to develop the strategy for schistosomiasis treatment in the future. The MDA projection in this table may therefore be revised, and the workbooks will be revised accordingly.

[b] CDTI for oncho in 2 HDs in the Cascades region is supported by Sightsavers.

[c] This includes 10 HDs supported by Liverpool CNTD. Four HDs in the South West region are treated twice a year.

[d] This includes 10 HDs supported by Liverpool CNTD.

Training

A series of trainings/refresher trainings are held annually at all levels of the health system before the targeted NTD treatment campaigns begin. These training sessions are organized as follows:

Table 3: Trainings – new and refresher

Training group	Topics	Number to be trained			Number of days of training	Training location
		New	Refresher	Total		
Ministry of Health/Ministry of Education at the central level	MDA implementation	0	47	47	2	Central
Supervisors	MDA implementation	0	1,744	1,744	2	Regional District
Supply chain manager	NTD drug management	70	0	70	5 days/session	Central level (2 sessions)
Distributors	MDA implementation	0	30,216	30,216	2	CSPS
Other (Regional staff and ECD members)	CDTI self-monitoring	16	0	16	4	Southwest DRS
Other (ICP)	CDTI self-monitoring	47	0	47	2	Southwest districts
Ophthalmological investigators	Trachoma impact studies	0	15	15	2	District

Program Monitoring and Evaluation

MDA Monitoring and Evaluation

Monitoring and evaluation of NTD control efforts is conducted to ensure that program objectives are met. Data collection, analysis and transmission are critical components of monitoring and evaluation.

The following are available to facilitate data collection on program activities:

- Validated protocols for data collection.
- Data collection materials.
- Common health information data system (national health information system-NHIS).

To assess the quality of and validate the data, supervisory site visits and review meetings on the MDA will be held. In addition, the reports will be subject to detailed analysis at all reporting levels to identify poor performance in carrying out NTD control activities.

Program assessments and transition to the post-MDA elimination strategy

The following monitoring and evaluation activities will be carried out based on the implementation level or stage of each NTD sub-program:

- **LF TAS survey:** Depending on the pre-TAS results, TAS will be conducted in 7 HDs in 2 health regions: Boucle du Mouhoun (3 HDs) and Centre-Nord (4 HDs).

- **Data collection at LF sentinel or pre-TAS sites:** In accordance with WHO LF elimination guidelines, pre-TAS will be conducted in 4 sentinel sites and 2 spot check sites in FY2014. These sentinel sites are located in Saponé and Pô HDs in the Center-South region, which have all received more than 6 rounds of treatment.

- **LF post-MDA surveillance survey:** In accordance with WHO protocol, post-MDA surveys are required in the eligible HDs at least two years after MDA was stopped. The objective is to determine post-MDA prevalence; this is also part of the elimination certification process. The surveys will be conducted in 4 evaluation units (EU) for 9 HDs of the Cascades region (3 HDs), North region (5 HDs) and the Orodara HD.

- **Trachoma post-MDA surveillance survey:** Twenty-two out of the 30 initial endemic HDs were included in an impact study following three MDA rounds. Of those 22 HDs, twenty-one HDs showed TF prevalence below 10%. Post-MDA surveillance activities have been scheduled in these 21 HDs, to be implemented gradually starting in FY2014. This will include the 5 HDs where MDAs were stopped as of 2009. Data collection in these districts will be carried out in five sub-districts, in accordance with the program protocol.

- **Trachoma impact studies:** Four HDs received three rounds of treatment in FY2013 (Banfora, Do, Léna, and Boulmiougou). Impact studies will be conducted in these HDs in FY2014. The results will be used to determine whether MDA should be stopped.

- **Assessment of onchocerciasis treatment coverage:** Onchocerciasis coverage validation surveys are a component of the CDTI strategy in connection with the paradigm shift from control to elimination. These will be conducted in 4 HDs in the South West region.

Facilitating collaboration and coordination

Implementation of the following activities will help to develop partnerships and improve coordination of the NTD program:

- Advocacy in support of maintaining and increasing allocations in the government budget lines allocated to NTD control efforts. The Administrative and Finance Department of the MOH has been informed of and updated on these activities and has committed to maintaining and increasing funding for NTD control.
- Efforts to strengthen the Steering Committee, is a current NTD program priority. A system of permanent consultation with the technical and financial partners (HKI, Sightsavers, Foundation for Community development-FDC, Handicap International-HI, Light for the World, Better Life Foundation, Water Aid, and government ministries, such as the Ministry of National Education (MENA) and the Ministry of Water and Sanitation) has thus been established.
- The NTD control committee will meet quarterly, chaired by the Director of Disease Control and with the participation of WHO, HKI, Sightsavers, the community health directorate, FDC and other NTD control stakeholders.

- To ensure better performance and appropriate treatment coverage in the cross-border areas with Cote d'Ivoire and Ghana, a cross-border meeting will be organized with support from USAID and the WHO. It will provide an opportunity to exchange strategies and mechanisms for resolving persistent LF prevalence in certain HDs.

Proposed plans to provide additional support to the NTD program (to be analyzed on a case-by-case basis)

This involves building partnerships with:

- Liverpool CNTD: to manage LF complications and to monitor and assess integrated LF/schistosomiasis survey sites.
- Sightsavers: to implement the SAFE strategy in the Cascades and North regions.
- HKI: to perform TT surgery in the Center West region.
- MENA: to develop the school health project.
- Ministry of Water and Sanitation: to improve access to drinking water and promote hygiene and sanitation.
- Advocacy with other stakeholders (including the Ministry of Water and Sanitation and local municipalities) on NTD control efforts.

Attachment 5 – HKI FY2014 Work Plan for Sierra Leone

Executive Summary

The goal for fiscal year (FY) 14 is to maintain effective mass drug administration (MDA) for lymphatic filariasis (LF) and soil-transmitted helminthes (STH) in 14 health districts (HDs) and for onchocerciasis in 12 HDs; to scale up MDA for schistosomiasis (SCH) in 12 HDs including the treatment of school-aged children (SAC) in 5 additional coastal HDs, which recorded low baseline prevalence but have never been treated; and depending on the outcome of the Pre-Transmission Assessment Survey (TAS) which will be conducted in 12 HDs in the last quarter of FY13, to conduct TAS in FY14. The strategy to treat the low baseline prevalence districts for SCH is in line with World Health Assembly (WHA) resolution 65.21, the WHO strategic plan (2012-2020) and WHO guidelines for helminthes control to eliminate SCH instead of control.

The Neglected Tropical Diseases Program (NTDP) work plan begins with a series of macro planning meetings immediately after the annual review meeting. At the macro planning meetings, target populations for all HDs are agreed upon and recommendations and lessons learnt from the review meeting are discussed and transformed into a working document. The work plan is developed with participation of NTDP, Helen Keller International (HKI) and other partners. Recommendation from micro planning meetings held at the district and community levels by various stakeholders are fed into macro planning level at the national level.

Mapping for all targeted neglected tropical diseases (NTDs) have been completed and no mapping is planned in FY14. MDA will be repeated for LF and STH in 14 HDs targeting 5,542,598 people; onchocerciasis in 12 HDs targeting 2,641,476 people; SCH in 12 HDs targeting 1,175,210 SAC and 1,348,122 at-risk adults.

Training and refresher trainings will be conducted for both new and previously-trained personnel. Training will target NTD focal persons (NTDFPs), district supervisors, peripheral health unit (PHU) staff, community health workers (CHWs), community drug distributors (CDDs) and Independent Monitors for MDA-SCH in 12 districts, MDA LF-Oncho-STH in 12 districts, MDA LF –STH in the Western Area (WA).

As part of the efforts to improve the monitoring and evaluation (M&E) of the NTD program, M&E tools, including questions designed to promote understanding of how well the program is implemented, will be administered to community leaders, community members, CDDs, head teachers, PHU staff and district health management teams (DHMTs) to assess the extent and quality of activities performed. Each NTDFP has been provided with a new laptop in the 3rd quarter of FY13 to help NTD data collection, monitoring and reporting. The independent

monitoring tools will continue to be improved to help track progress of MDA and training activities.

Social mobilization through community meetings will be organized at village levels by PHU staff, head teachers prior to MDA targeting traditional leaders, religious leaders, teachers and parents. The newly developed national social mobilization guidelines will be utilized during community mobilization. Community Radios like Star radio which has transmitters in most part of the country, will continue to be utilized to disseminate tailored messages and edited frequently asked questions (FAQs). For MDA LF –STH in WA, a short video carrying message about LF will be produced by local comedians and will be displayed on television and on mega screens in strategic places prior to and during the campaign. Youths will also be contracted to make street announcements. The NTDP and partners will continue to advocate with mobile telephone operators to extend their corporate social responsibilities to the NTDP by distributing free SMS messages, especially during the period of MDA.

An annual meeting scheduled for the first quarter of FY14 will ensure HKI and other partners continue their support to the Ministry of Health and Sanitation (MoHS). In this meeting partners are encouraged to re-commit their organization's support for the control and elimination of NTDs in the country. Post MDA surveillance activities for LF will start after the TAS results are out and when MDA is stopped. Meanwhile NTDP will continue to advocate to the MoHS to include NTD surveillance in the national health surveillance system. In FY14 this will commence with the training of the MoHS district laboratory technicians on the diagnosis of LF. The technicians will be expected to collect and screen blood for LF as part of their routine work within the district hospitals. It is also expected that after the training the funding required to sustain such a surveillance mechanism will be minimal and can be covered from other sources including funding from the Government of Sierra Leone (GoSL). However, the two supplementary TAS during post MDA surveillance needed for certification of elimination after MDA is stopped will require funding from partners and the NTDP/MOHS will need to advocate for such funding when USAID funding might have stopped. It is hoped that these will ensure sustainability and help to prevent recrudescence of the disease. In a bid to meet elimination targets, representatives of the NTDP in Sierra Leone, including HKI-Sierra Leone staff, MoHS personnel, and Sightsavers staff will host a meeting in Sierra Leone with the national counterparts from other MRU countries in October 2013 to discuss the risk of cross border transmission of the diseases and to coordinate the NTD control effort in cross border areas, particularly for synchronized MDA activities. Transition and post-elimination strategies are a key element in the new Integrated NTD 5 year Master Plan (2011-2015).

In line with the new WHA resolution (May 2013) on the control and elimination of NTDs and in the drive towards country ownership of NTD program, the NTDP and its partners will work with WHO to develop a policy on NTD control and elimination for Sierra Leone. This policy will serve as a statuary instrument to further draw the attention of decision makers and the requisite political will to allocate the necessary resources to control and eliminate NTDs in Sierra Leone.

Goals for the year FY14

The goal for FY14 is to maintain effective MDA for LF and STH in 14 HDs and onchocerciasis in 12 HDs; to scale up MDA for SCH in 12 HDs including 5 additional coastal HDs, which recorded low (<10%) baseline prevalence but have never been treated; and depending on the outcome of the Pre-transmission assessment survey (TAS) that will be conducted in the last quarter of FY13, to conduct TAS in FY14. In line with World Health Assembly (WHA) resolution 65.21, the World Health Organization (WHO) strategic plan (2012-2020) and WHO guidelines for helminthes control to eliminate SCH instead of control, SAC in those 5 coastal HDs where the baseline SCH prevalence was over 0% and below 10% will be targeted in FY14 and once every three years thereafter.

Main Activities

Support NTD Country Program Planning Process

Following the annual review meeting, the NTDP, HKI and other NTD partners will hold a series of macro planning meetings to agree on the target population for each MDA as full geographic coverage for all target NTDs has been reached.

The Tool for Integrated Planning and Costing (TIPAC) previously referred to as Funding Gap Analysis Tool (FGAT), which was developed in 2010, has been reviewed. With technical support from FHI360, the TIPAC will be updated in the first quarter of FY14. The major gap that the tool (TIPAC) identified in the previous assessment was the lack of funds for morbidity management. The current funds provided by the United States Agency for International Development (USAID) targets only MDA but there is also a need to help those currently with disability due to NTDs. Currently, training of district medical officers on the new hydrocele surgery techniques has been supported by Johnson and Johnson.

The NTD Master Plan developed for 2011-2015 has still not been finalized. HKI will work with NTDP to update this plan according to the new WHO guidelines and get approval from the MoHS in FY14.

The NTDP work plan usually begins with a series of macro planning meetings immediately after the annual review meeting. At the macro planning meetings, target population for all NTDs are agreed upon and recommendations and lessons learnt from the review meeting are discussed and transformed into a working document. The work plan is developed with participation of NTDP and partners.

The micro planning is organized using a bottom-top approach. In order to ensure ownership, stakeholders at various levels are allowed to give opinions on how NTD activities can be better planned and implemented based on lessons learnt from previous years. This information is brought forward to the annual NTD review meeting by the NTDFPs, and is subsequently incorporated into the work plan. Basic information, communication and education materials that were previously produced and provided for these meetings have now been revised and will be reproduced and made available at each level.

Mapping

Mapping for all NTDs targeted through preventive chemotherapy (PCT) have been completed. No mapping is required in FY14.

Scaling up NTD National Program[44]

In FY14, the numbers of persons treated for LF and STH will increase from 5,296,185 in FY13 to 5,542,598 in FY14 in 14 HDs; 2,578,593 to 2,641,476 for onchocerciasis in 12 HDs. The numbers treated for schistosomiasis will increase from 1,822, 938 to 2,775,873 for SAC and at risk adults.

Mass Drug Administration

MDA Strategy

MDA for LF, oncho & STH in 12 districts will start in October 2013 and last for a period of 6-8 weeks and will be mainly funded by USAID and partly by APOC and Sightsavers. The MDA for LF in Western Area will take place in September 2014 and will last for 5 days. MDA for SCH will be conducted in June 2014 and will also last for 5 days. In addition, a second round of deworming in schools will be conducted either separately through the Ministry of Education, Science and Technology (MEST) depending on the availability of funding from Government of Sierra Leone (GoSL) or will be combined with the SCH campaign in June 2014. In order to improve coverage, special logistical provisions designed to increase accessibility will be made for communities considered to be hard to reach.

[44] The Annual MDA Treatment Projections for Sierra Leone are in the completed workbooks submitted with this work plan for FY2014 .

7 of the 12 provincial HDs (Kambia, Bombali, Koinadugu, Kono, Kailahun, Kenema and Pujehun) share borders with Liberia and/or Guinea. To help coordinate treatment and achieve effective treatment coverage along these borders, cross border meetings on both sides of the borders prior to MDAs are planned. Once coordinated, treatment will be synchronized in these border communities and will continue until there is full scale up of NTDs in both Liberia and Guinea.

In rural and urban WA, MDA will be repeated using the National Immunization Day (NID) Strategy approach utilizing house to house and fixed distribution points. For LF, Oncho, and STH in the 12 HDs, community directed treatment with ivermectin plus albendazole (CDTI+) strategy will be used according to WHO guidelines.

For SCH, MDA will be performed for only SAC in 5 coastal HDs (Port Loko, Kambia, Moyamba, Pujehun, and RWA) and for both SAC and special at risk adults in seven districts (Bo, Bombali, Kailahun, Kenema, Koinadugu, Kono, and Tonkolili). All MDA will be conducted in accordance with the WHO guidelines.

Table 2: Target districts and estimated target populations for FY14 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts	# of people Targeted
Schistosomiasis	5-14 years At risk adults	Once Once	School based community	12 8	1,175,210 1,600,663
Onchocerciasis	≥5 Years	Once	Community	12	2,641,476
Lymphatic Filariasis	≥5 Years	Once	Community	14	5,542,598
Soil-transmitted helminths	≥5 Years	Once /twice*	Community	14	5,542,598
Trachoma	0	0	0	0	0

* A second round of deworming will be conducted in schools.

Training

Training and refresher trainings will be provided for both new and previously-trained personnel. Training of district supervisors, NTDFPs and PHU staff for MDA-SCH in 12 HDs (excluding Bonthe district and UWA) is scheduled for the 3rd quarter in FY14. Training of trainers (ToT) of District Medical Officers (DMOs), NTDFPs, Maternal and Child Health (MCH) Aide Training Coordinators and refresher training of PHU staff and CDDs for MDA-LF-Oncho and STH in 12 HDs is scheduled for the last quarter of FY2014. Training of technicians for TAS will also be conducted prior to the TAS in the last quarter of FY14. Refresher training of

chiefdom supervisors and head teachers for second MDA-STH in 14 HDs will take place in the 3rd quarter of FY14. The refresher trainings are designed based on our experiences in past years as we realize there will be turnover among District Health Management Teams (DHMT) staff, PHU staff, and CDDs from year to year.

Table 3: Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MOH/MOE at Central Level (TOT)	MDA LF-Oncho-STH	5	34	39	1	Bo
Supervisors	MDA SCH MDA LF-Oncho-STH	48 410	62 820	110 1,230	1 1	District headquarter towns
Drug distributors	MDA LF-Oncho-STH MDA LF-STH	350 750	22,150 1,500	22,500 2,250	1/2 1/2	All PHUs
Other (Independent monitors)	MDA LF-Oncho-STH and SCH	5	15	20	1	HKI conference room

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

The data derived from monitoring and evaluation (M&E) deliverables will be reported in the semi-annual report and/or in the M&E workbooks. These will be updated during subsequent work planning sessions, semi-annual reporting sessions, or in the report of MDA data.

The results from the end process independent monitoring is used to validate the data reported by the NTDP. The tools used to collect this information are pre-tested and the monitors are properly trained before taking part in the process. It is hoped that the proposed M&E training for NTDP and HKI M&E staff if implemented and cascaded to DHMTs, PHU staff and CDDs during training and refresher trainings will further improve the quality of M&E at all levels.

A set of national M&E tools, which include questionnaires, will be administered to community leaders, CDDs, DHMTs, DDEs, head teachers, and community members to assess the extent

and quality of activities performed. Simple tally sheets which record whether or not people took the NTD drugs are used during our independent monitoring to determine coverage.

Program Assessments and Transition to Post-MDA Elimination Strategy

There will be no pre-TAS in FY14.

Based on the results of the Pre-TAS the program will implement in 12 districts in FY13, TAS will be conducted in the last quarter of FY14 to assist with a policy decision about the cessation of MDA and the commencement of disease surveillance. A TA has been requested to help with the training of technicians on the TAS protocol.

Trachoma is not a public health concern in Sierra Leone and is not targeted by the country NTDP.

A microfilaria epidemiological survey was conducted in 2010 by APOC and NTDP for onchocerciasis and results showed a reduction in prevalence and intensity from the baseline surveys. The results of an entomology survey conducted in 2011 to evaluate how long the country will continue to treat for onchocerciasis is yet to be made available by APOC. So far there is no assessment planned for onchocerciasis in FY14.

The impact assessment conducted for SCH and STH in 2012 showed a significant reduction of 66.3% and 51.7% in prevalence and intensity, respectively after 2-3 rounds of effective MDA. There is no planned assessment for SCH and STH in FY14.

The national M&E tools for supervision and independent monitoring developed in the 1st quarter of FY13 will be revised and administered to DHMTs, PHU staff, CDDs, DDEs, school supervisors, head teachers, and community members to assess the level and extent of the NTD activities completed. The end process independent monitoring will also be used to obtain final coverage figures to enhance the NTDP report, especially in HTR locations and in urban settings such as the WA. In FY14 M&E activities will be coordinated with other partners including Sightsavers.

Several efforts are ongoing to get the GoSL's commitment to sustain the NTDP even when MDA is stopped. NTD control has been fully integrated into the PHC system of the MoHS. As a result of efforts and the progress made so far, HKI was asked by the USAID local representative to make a contribution to the President of Sierra Leones's speech to The White House with regards to NTDs in March 2013. Going forward HKI will ensure that USAID (Washington D.C.) and FHI360 are included on all correspondence with the US Embassy in Sierra Leone. When

planned meetings between HKI and the Embassy take place, HKI will ensure that USAID and FHI360 are informed in advance of the meeting with information including date, place, and purpose of the meeting, and participants at the meeting. If impromptu meetings take place, HKI will provide a summary of the meeting to FHI360 within one week of the meeting.

HKI will continue to work with our local and international partners, including Sightsavers, APOC, FHI360 and USAID, to hold numerous advocacy events with the GoSL for the inclusion of NTDs into its new agenda for prosperity[45]. We will also continue to utilize social mobilization within the communities to increase support among local, religious and traditional leaders.

An annual meeting scheduled for the first quarter of FY14 will ensure continued support from HKI and other partners to the MoHS. Post MDA surveillance activities for LF will start after the TAS results are out and when MDA is stopped. Meanwhile NTDP will continue to advocate to the MoHS to include NTD surveillance in national disease surveillance system. This will ensure sustainability and help to prevent recrudescence of the diseases. In a bid to meet elimination targets, the MoHS/NTDP and NTD partners will host the next MRU meeting in Sierra Leone in October 2013 to discuss the risk of cross border recrudescence of diseases and other essential components of the post-elimination strategy. Transition and post-elimination strategies are a key element in the new Integrated NTD 5 year Master Plan (2011-2015).

Facilitate Collaboration and Coordination

There have been tremendous advocacy efforts over the years to mobilize GoSL's political and financial support for the NTDP. These advocacy and social mobilization efforts have targeted stakeholders at all levels (National, District and community). These efforts have yielded results as demonstrated by the attendance of senior level MoHS staff at NTD meetings. Also, as indicated earlier, HKI was requested in FY13 to provide three sentences about progress of the NTD program in the President of Sierra Leone's proposed speech at the White House. The GoSL continues to meet its obligation to pay NTD staff salaries and other administrative expenditures as estimated for January-December 2013. However the disbursement of these funds in time still remains a challenge. Continued effort will be made for budget lines to be included in district level budgeting by MoHS for NTD activities and for the timely release of these funds.

Sightsavers and APOC have over the years continued to contribute to the national NTDP budget for oncho control. In the first half of FY13 both APOC and Sightsavers contributed the

[45] This is a Master Plan developed by the Government of Sierra Leone to guide Development Partners in the country. All activities implemented by Development Partners have to be in line with this Agenda for Prosperity.

sum of USD 38,550 and USD 23,255, respectively. Other NGOs including Feed The Children, St Andrews Clinic for Children, World Vision have donated mebendazole/albendazole for the second round of de-worming of SAC. In FY12, the GoSL through the MEST Fast track Initiative (FTI) Project funded the second de-worming of SAC in the 12 provincial HDs. In FY14, the NTDP and HKI will continue to advocate to these donors to continue to contribute to the control/elimination of NTDs in Sierra Leone.

Also in FY14 the NTDP through the NTD Task Force will begin to advocate for the local WHO office to recruit or appoint an NTD focal person through whom all issues related to NTDs will be channeled for the attention of the WHO Country Representative. With the substantive NTD focal person at WHO in Sierra Leone, it is hoped that collaboration between WHO and NTDP will be improved and maintained. The person will serve as a liaison between the global NTD community and NTDP. For instance, the need for a national policy on NTDs can be addressed through this NTD Focal Person.

The MoHS is fully represented by the NTDP and participates fully in the development of the annual work plan. After the approval of the work plan, a stakeholder meeting will be convened where the approved work plan will be disseminated to senior management of MoHS, including the Chief Medical Officer, the Director of Disease Prevention and Control, the Director of PHC, NTDP, DHMTs and all other stakeholders.

The NTDP will continue to collaborate with other health intervention programs that have direct links with the success of the program. Although integration of MDA for NTDs within the broader health campaigns such as mother and child health week (MCHW) has not been feasible, efforts have been made to synchronize activities for maximum benefit of all beneficiaries. This was piloted in FY11 when MDA for LF-Oncho-STH in 12 HDs was integrated with the distribution of long lasting insecticides treated nets in Bo, Bonthe, Moyamba, Koinadugu, and Kono districts. The report from independent monitoring indicated that MDA coverage rates were comparatively higher in the districts where MDA and distribution of long lasting insecticides treated nets was integrated.

The NTDP will continue to collaborate with the National Malaria Control Program and other partners to extend indoor residual spraying of mosquitoes, which has already started in the WA, Bombali, Kono, and Kenema districts.

The NTD coordinating body will continue to be strengthened under the leadership of the MoHS. Coordination and transparency in partnerships with APOC and Sightsavers will be strengthened especially during budget preparation and implementation to maximize resource

allocation. As we move towards NTD control and elimination, the NTDP will continue to coordinate the NTD stakeholders meeting for better planning, management and monitoring for sustainability.

In the drive towards program sustainability, HKI entered into a partnership with TOMS shoes donation program to provide shoes for CDDs as a means of motivation.